

NUMBERING OUR DAYS:  
LIVING WISELY IN LIGHT OF DEATH

A THESIS-PROJECT  
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DOCTOR OF MINISTRY

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A virtuous wife and a wise son are worth more than jewels

“Fear not, I am the first and the last, and the living one. I died, and behold I am alive  
forevermore, and I have the keys of Death and Hades.”

— Jesus, Revelation 1:17-18 (ESV)

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## ABBREVIATIONS

APRN	advanced practice registered nurse
CDC	Centers for Disease Control and Prevention
CPE	Clinical Pastoral Education
DNR	Do Not Resuscitate (end-of-life directive)
ESV	English Standard Version
MD	medical doctor
POLST	Physician Orders for Life-Sustaining Treatment
RN	registered nurse
WEFC	Wethersfield Evangelical Free Church



## ABSTRACT

Christians need the opportunity to engage in sacred conversations about life, death, and eternity. By creating a teaching video series and hosting an online forum for virtual discussion, an adult Sunday school class taught a biblical approach to death and dying. God transcends our life and death and we look to his throne eternal in heaven. The classes conveyed material to prepare a congregation for death in healthy, biblical ways. The class encouraged Christians to consider the biblical exhortations to live well now and approach the end of their lives in the assurance that they are secure in Christ.

## CHAPTER 1

### THE PROBLEM AND SETTING

#### **Introduction**

##### Everybody Dies

In my role as a hospice and hospital chaplain, my heart is heavy with the stories, experiences, and sights of those suffering with the 2019 novel coronavirus. But what was true before this pandemic and what was true in the midst of the pandemic will also still be true after the pandemic: every single person faces death. When we think about death we hope it will be something we face far in the future. However, the mortality rate hovers at 100 percent. This is a reality we all need to face. With the unexpected crisis of the coronavirus pandemic, many people found that thoughts about life and death came closer to the surface. Whether death comes sooner or later, it is inevitable. With this in mind, it seems an important question is: how many opportunities are available to us to engage in honest discussion regarding the end of our lives? If you are being honest with yourself, when was the last time you thought about how well prepared you are for death?

My experience of delving into these topics began while I was in college, a few years before I became a Christian. Fears of dying became my gnawing companion. During the month before I turned my life over to Christ, worries about death and judgment before God led me to deeply consider and reconsider my beliefs. Wrestling with these ideas tilled the soil of my heart in preparation for God's handiwork. It wasn't clear to me what it meant to have faith, and I could not reconcile how faith impacted my life and my death. But when I faced a dark night of my own soul, I had nothing else to hold onto, and I cried out to God to rescue me. Thanks be to God for

his light and for revealing himself to me. Because of the testimony of the Scriptures alone, I now know what it means to have justification before God by grace alone. This is not from my own works but through faith alone in Christ alone. All of my story is to the glory of God alone. Now, twenty years after God first breathed life into my heart, I understand more than ever what it means for death to be considered gain, as Paul so memorably said in Philippians. He was considering his fruitful labor in ministry and his eager desire to be fully present with Jesus. He described his incredible desire to be with Jesus, but yet he trusted that his faithful ministry in the present was empowered by the Spirit of Jesus, and he embraced life to the glory of God now and in the future.

#### Hospice Experience: Personal and Professional

At the end of my first year in seminary, my grandfather died after a difficult battle with cancer. I witnessed his death from the front row and I am sad to say I was very resistant to the process he was going through at the end of his life. There was much I had to learn about his health journey and the medical nuances of care at life's end. But what emerged from this experience and the personal reflection that followed was the opportunity I saw to care for the aging and to value those who were terminally ill. This avenue of pastoral care stayed with me over the remaining years I had in seminary. After seminary I finished my chaplain training and Clinical Pastoral Education, and I began working as a hospice chaplain. Entering the arena of chaplaincy felt like a tangible expression of God's love to those who are sick in the hospital and to their family members. Chaplaincy introduced me to the sobering, sensitive, and sacred nature of life and of death in my work. The heavy realities also drew me deeper into my faith in search of the profound spiritual truths that would be supportive to me in difficult moments. It was

around this time I experienced a serious car accident that allowed me to personalize some of the thoughts I was considering regarding facing death. I was able to spend time reflecting on my own life, my legacy, and the reality of a near-death experience. My understanding grew as I reflected on the biblical precedence for living well and dying well. In this reflection, I came to realize the stark truth about death: how I live today matters and even influences how I approach and experience death. Whether it be my death or the presence of sickness and death in others, how I live and think about death will color those experiences. My ministry setting provided me the opportunity to delve into my faith in the face of nearing my own death. In that sacred space of my faith informed by the Bible and my emotional reflections, there was clarity and strength in Jesus' words of comfort. The biblical and theological foundations of living well and dying well are connected throughout Scripture and find their fulfillment through faith in Christ. The core of the Christian faith is a Messiah who was not defeated by death. In fact, Jesus took death upon himself as a sacrifice for all who believe. He is the one who brings life out of death for all the faithful. Therefore, at the heart of the Christian story is death swallowed up by true and everlasting life.

## **The Issues in Ministry**

### **American Culture and Attitudes**

We (readers and this author) are going to focus our attention on the suburban town of Wethersfield in the New England state of Connecticut. The reason for this is because that is where my church is located and where my Sunday school project took place. However, beginning with a broad overview will help us as we look at attitudes across the United States toward end-of-life preparation and healthcare. As we gain insight from the broad view, we can

then zoom into specific details and demographics of the state of Connecticut. Then we will focus specifically on the town of Wethersfield and culminate with an in-depth look at my church.

Consider that nationwide, medical care at the end of life has steadily developed and gained acceptance through legislation and financial support. In the medical community, the differences between curative, palliative, and non-curative levels of care have taken form and will be discussed at greater length in a subsequent chapter. But looking specifically at end-of-life care, hospice care provides medical, social, and spiritual avenues of support. Hospice is now categorized as an insurance benefit from almost all insurance providers, the costs of which are usually completely covered by insurance providers, the Medicare Hospice Benefit, Medicaid (for those of low income), and the Veterans Health Administration.<sup>1</sup>

Hospice care is available to give comfort care for those with a terminal disease and an expected prognosis of six months or less. There is no upper time limit one can stay on hospice care as long as evidence is provided of disease progression or decline. It is common to live longer than this six-month prognosis. It has regularly been speculated that increasing our hospice utilization would improve quality of life.<sup>2</sup> In fact, some recent data point to evidence that patients involved in hospice live longer with the added support.<sup>3</sup> The extra layers of social support or the specialized use of medicine to alleviate pain and symptoms somehow all work together to increase quality of life and length of remaining life. The exact cause of this increased life expectancy is not widely known, but the correlation with hospice care is becoming more widely

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1. "FAQ: How Is Hospice Care Paid For?", American Hospice Foundation, May 12, 2014, accessed March 10, 2021, <https://americanhospice.org/learning-about-hospice/how-is-hospice-care-paid-for/>.

2. Ed Stannard, "Yale Study: Earlier Hospice Care Would Improve Quality of End of Life," *New Haven Register*, last modified September 13, 2017, accessed March 10, 2021, <https://www.nhregister.com/connecticut/article/Yale-study-Earlier-hospice-care-would-improve-12192953.php>.

3. "Comparing Hospice and Nonhospice Patient Survival among Patients Who Die Within a Three-Year Window," *Journal of Pain and Symptom Management* 33, no. 3 (March 1, 2007): 238-46.

accepted. This effect of lengthening prognosis could be occurring because of the removal of unnecessary medications, or because of increase of social connection, or even from declining overly aggressive curative treatments that end up accelerating patients' decline. Where hospice services are provided, distress is mitigated. Pain is reduced. Fears are shared. Hearts are comforted. Family relationships can be restored and healed. It's mysterious and beautiful at the same time.

Other avenues of healthcare can treat death as a personal affront or failure on the part of medical practitioners to cure what ails patients. The presence of hospice caregivers is not always a welcome one in the healthcare community. Whether in nursing homes or hospitals where hospice staff entered in order to provide supplemental and specialized care, they were not always welcomed. Hospice caregivers can be treated with resistance, hostility, or outright opposition. It seems that this distrust of hospice leaks into the way hospice referrals can be made. With a terminal diagnosis and prognosis of six months or less, a physician can write a referral for hospice care to a hospice provider. A hospice team would explain services provided and the family could make a decision about their goals of care. The patient and family would then receive care mediated by the hospice medical director, nursing care, social work, and spiritual support service, among others services. Hospice provides bereavement services to the family for thirteen months after death. It provides volunteers and sometimes pet therapy for companionship. Some hospice organizations can provide a hospice musician, an expressive artist, or a massage therapist. Hospice provides specialized end-of-life care and grief counseling services.

Timothy Keller discusses how sociologists and anthropologists have analyzed and compared ways that cultures can prepare their members for grief, pain, and loss. While discussing the meaning and interpretation of suffering within a culture, he notes that Western

culture is one of the weakest. There are no overarching schematics preparing Americans to hold adequately and endure suffering.<sup>4</sup> Our culture does not offer any unanimously held view for preparation in the school of suffering, grieving, pain, and death. End-of-life care can become further complicated by the presence of pain, grief, loss, and suffering. We will begin with a broad overview of some relevant statistics which may impact how medicine, healthcare, and religious views may be currently understood within American society. There is an inherent difficulty in judging characteristics across a culture as diverse as American culture. However, by surveying their study of our country, we can gain a high level view of inclinations and attitudes which may influence our society.

In the 1970s, a Dutch social psychologist named Geert Hofstede analyzed how a culture functions within the workplace.<sup>5</sup> The measurements he investigated studied performance within the workplace, but when we look at how Americans fit in his model, we can gain insight for looking at healthcare. The online database of Hofstede Insights offers a helpful paradigm as we reflect on the intersection between culture, medicine, and religion. The country comparison tool offers a glimpse of American culture through the lens of what is called the 6-D Model.<sup>6</sup> This includes six poignant statistics that are numerically calculated and rated in their own category. These numbers are percentiles (with values of 0 to 100) used comparatively across countries, but for our study we will review the numbers in their own right for the United States.

The first category measured is *Power Distance* (40). This is the attitude of the culture toward power inequalities among us. This measures the influence which can be exerted over

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4. Timothy Keller, *Walking with God through Pain and Suffering* (New York, NY: Dutton, 2013), 14.

5. Marianne Pogosyan, "Geert Hofstede: A Conversation about Culture," *Psychology Today United Kingdom*, February 21, 2017, accessed June 22, 2021, <https://www.psychologytoday.com/gb/blog/between-cultures/201702/geert-hofstede-conversation-about-culture>.

6. "Country Comparison," Hofstede Insights, accessed June 20, 2021, <https://www.hofstede-insights.com/country-comparison/>.

another person's decisions. *Individualism* (91) measures the degree of interdependence a society maintains among its members. America rated very highly, and in combination with low Power Distance scores, it results in a very structured society of independent groups. Consistent with this, *Autonomy* has been one of the main ethical principles guiding healthcare in America since 1979.<sup>7</sup> *Masculinity* (62), by the creator's admission, is a challenging category to explain. This number measures gender roles and how they function within the society. A "masculine" approach is one of competition, achievement, and success. A "feminine" approach is one where equality, quality of life, and caring are valued. Masculinity scores were higher indicating behavior which people are inherently compared against others. Rather than savoring life, we "live to work" and strive to be the best in show. Related to healthcare, quantity of time could be weighed over and against quality of time. If aggressive healthcare is pursued in order to restore health, there would not be space to stop and reflect on joy, meaning, and purpose. Compare, for instance, the masculinity score (62) in the United States with the score (14) in the Netherlands. The Netherlands was the first country where physician assisted death became legal in 2001.<sup>8</sup> *Uncertainty Avoidance* (46) describes the way a society deals with the fact that the future can never be known. A lower score here indicates new ideas are readily accepted and change is embraced. *Long Term Orientation* (26) indicates how every society has to maintain some links with its own past while dealing with the challenges of the present and future. Change is embraced for improvement. New ideas can replace the time-honored traditions if they prove

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7. "In 1979, the Commission (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research) issued the Belmont Report, the foundational document of the current system of U.S. human subjects protections. The Belmont Report outlines three key ethical principles for conducting research with human subjects: (1) Respect for persons, (2) Beneficence, (3) Justice." See Health and Human Services, Office for Human Research Protections (OHRP), "The Belmont Report," last modified January 15, 2018, accessed May 28, 2021, <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>.

8. J. Wise, "Netherlands, First Country to Legalize Euthanasia," *Bulletin of the World Health Organization* 79, no. 6 (2001): 580, accessed September 21, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566446/>.



valuable and meaningful. Again, compare the United States score (26) with the score of the Netherlands (67). The Netherlands has a much higher score for thinking about concerns that may arise in care at the end of life.<sup>9</sup> Finally, *Indulgence* (68) is the extent to which people try to control their desires and impulses. Restraint behavior is not the indicator of maturity. Sometimes the catch phrase that works with this category is “work hard and play hard.”

Consider the Hofstede model as it may intersect within healthcare. These results do not necessarily give us everything we need to understand American views of hospice care. But when we look at the scores we may gain insight as to our cultural bent. Look specifically at the high scores of *Individualism*, *Masculinity*, and *Indulgence*, and the low score for *Long Term Orientation*. I would suggest these numbers indicate a society that has a natural bent away from comfort and palliative care measures. For *Individualism*, our focus is on individual choice. In *Masculinity*, competition dominates relationships. This may be over and against quality and caring. Quick results are valued through a low score in *Long Term Orientation*. Finally, when it comes to reflection and thoughtful action, America is *Indulgent* in its low ability to restrain impulses. If fear of death is felt, it may be easy to push for lifesaving measures, for instance, even if those measures are futile. I have tried to highlight pertinent aspects of the Hofstede Model which relate to healthcare today.

A recent article in the *American Journal of Hospice and Palliative Medicine* looked into awareness and knowledge of hospice care. Though further study was recommended, this medical survey pointed to a strong awareness of hospice care at the end of life, yet the attitudes vary a

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9. There may be more to unpack by the comparison of scores and the medical provision for care for those at the end of their lives for the United States and the Netherlands. However, this is not the place for that comparison. Small examples are shared for only for comparison and to prompt further thought.

great deal toward that care.<sup>10</sup> Now that we have set the stage of our Western culture's dynamics and resistance to fully embracing suffering and end-of-life care, let us look more specifically at the details and demographics of Connecticut.

### The History of Hospice in Connecticut and Current Attitudes

Connecticut rates as the sixth oldest state in the nation, and our older population is aging faster than populations in other states.<sup>11</sup> This means Connecticut is also approaching death at a faster rate than most other states. The need to consider aging and dying issues will continue to accelerate. Branford, Connecticut, is the site of the first hospice in America.<sup>12</sup> It opened in 1974 and continues to serve patients to this day. When it comes to hospice awareness and use, however, Connecticut falls behind most other states and U.S. territories. If one were to track the average number of days a patient was in hospice care (from admission until death), one would have a measure of comparison of how each state utilizes hospice care. Where does Connecticut stand? In a list that includes all fifty states and U.S. territories, over the past three years Connecticut has not crept above the bottom seven in hospice use, a far cry from the days as the first state to have a hospice in America.<sup>13</sup> This is a recurring problem for our state.<sup>14</sup>

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10. John G. Cagle, Daniel J. Van Dussen, Krystal L. Culler, Iraida Carrion, Seokho Hong, Jack Guralnik, and Sheryl Zimmerman, "Knowledge about Hospice: Exploring Misconceptions, Attitudes, and Preferences for Care," *American Journal of Hospice and Palliative Medicine* 33, no. 1 (February 1, 2016): 27-33.

11. "CT Is Sixth Oldest State in the Nation, with Projections Pointing to Even Older Population, Economic Ramifications," Connecticut by the Numbers, September 26, 2018, accessed March 31, 2021, [tbythenumbers.news/ctnews/2018/09/26/ct-is-6th-oldest-state-in-the-nation-with-projections-pointing-to-even-older-population-economic-ramifications](https://tbythenumbers.news/ctnews/2018/09/26/ct-is-6th-oldest-state-in-the-nation-with-projections-pointing-to-even-older-population-economic-ramifications).

12. "Connecticut Hospice," The Connecticut Hospice, accessed March 9, 2021, <https://www.hospice.com/>.

13. As of the time of this writing, only the past three years' worth of data have been published by Centers for Medicare & Medicaid Services; for 2019, see "Medicare Hospice Utilization by State," accessed September 14, 2021, <https://www.cms.gov/files/document/2019-medicare-hospice-utilization-state.pdf>.

Connecticut's provision of hospice care falls well below national averages and leaves us in the lowest group of overall hospice utilization when compared with all other states and U.S. territories. We have gone from pioneering an innovative, patient-centered healthcare system that cares for the terminally ill with dignity to our recent history of being a state that uses hospice less often than almost all others. Connecticut is not currently making the most of what hospice has to offer. Hospice is a proven and respectable discipline in the medical care system to palliate pain and increase comfort at the end of life.

To typify this shift toward inaccessible end-of-life care, a bill was raised in the 2021 January session of the Connecticut General Assembly entitled "An Act Concerning Aid in Dying for Terminally Ill Patients." Though the bill did not pass, it moved further than any previous bill of this nature in Connecticut. Those who would have wanted to utilize medical aid in dying would have met the same criteria they would have needed to qualify for hospice care support: having a terminal illness with a prognosis of six months or less,<sup>15</sup> though in the face of Connecticut's poor understanding and usage of hospice care, this leap toward legalizing death seems short-sighted, ill-timed, and out of place. Among other concerns, perhaps this type of "caring" is another outworking of a "Death Positive" movement. Proponents of this bill might say, "Rather than allow suffering, let us legalize (give medical consent for) a prescription to hasten death." The goal of hospice care is neither to postpone nor to hasten death.<sup>16</sup> Suffice it to say, hospice care reliably and effectively improves quality of life. The majority of arguments for

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14. There have been changes in how these numbers were reported by Medicare over the past decade. But regardless of the exact order over the past decade, Connecticut has regularly fallen very low in the list of average amount of time each patient stays in hospice care.

15. H.B. No. 6425, Connecticut General Assembly, accessed September 14, 2021, [https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=HB06425&which\\_year=2021](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB06425&which_year=2021).

16. "What Is Hospice Care?", American Cancer Society, accessed March 23, 2021, <https://www.cancer.org/treatment/end-of-life-care/hospice-care/what-is-hospice-care.html>.

physician-aided dying proclaim the freedom of sick persons to relieve their suffering. This is undoubtedly a complicated and emotional topic of discussion which deserves more coverage than I can provide here. Yet, in a state that uses hospice well below its potential, we shouldn't propose a law to allow physician-assisted death to address the needs hospice would address if given the opportunity. Connecticut should move methodically through the already established medical care spectrum rather than rushing to people's aid with medicine to hasten death.

There are other ramifications regarding Connecticut's low average length of hospice admissions. Patients engage in curative procedures for longer in their healthcare journey. They endure aggressive and painful treatments for a longer period of time. By itself, treatment can take a toll on prognosis and overall health. Patients with terminal illnesses are provided education about what hospice can offer later in their disease process. In some cases the information can come too late. No one can predict with absolute certainty how long someone has left to live with a terminal disease. But when hospice is introduced later in a medical journey, patients will be closer to their death. Pain control can often be an issue. The patient and the family do not have as much opportunity to have a heartfelt discussion about the goals for the end of life and cannot benefit from all the services provided by hospice care as much as they would have if they began the discussion weeks or months earlier. The best time to have these conversations is before they are necessary, where there is space and time to talk about options, wishes, expectations, or unresolved family issues.

Patients are living for shorter periods of time since they are not engaging in hospice care earlier. They begin hospice care further into their disease process and then arrive at the end of their life relatively quickly. They don't have the opportunity to process mentally and emotionally all of the end-of-life issues that arise. They do not have as much opportunity to reflect on the

larger matters of the heart which need to be processed at the end of one's life. Supporting palliative care and hospice services is the way to proceed if one wants to support the dying. As a medical community, more can be done to educate earlier and provide better care at the end of life. Connecticut can do better to educate and provide options for the sick and dying.

## **The Context of Ministry**

### **Town of Wethersfield Demographics<sup>17</sup>**

As someone who grew up in the town of Wethersfield, I can attest to the beauty and charm of this small town. As one of the oldest towns in the state, Wethersfield has a proud historic identity. I'll be painting the picture in broad brushstrokes to give an overall feel of the relevant demographic details of life in the town of Wethersfield. Since our church is ensconced in Wethersfield, in many ways it will mirror the town it inhabits.

Wethersfield is a small suburban town in the center of Connecticut. The population of 26,395 in 2017 has declined toward 26,200 in 2020. Within this population, 30 percent are in the age range of 45 to 64 years. The median age of residents is almost 45 years old. Ninety-eight percent of the population has health coverage. Wethersfield is highly educated with 75 percent having at least a high school education and 42 percent having a bachelor's degree or higher. The top three most common vocations represented in the town are management occupations, office and administrative support occupations, and occupations related to sales. The average household had a yearly income over \$86,000. Almost 80 percent of residents own their own homes with a median property value of \$255,300. In all the households in Wethersfield, 52 percent own two cars. The four largest ethnic groups represented in Wethersfield are 82 percent white (non-

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17. Demographic information are merged from two sources: "Wethersfield, CT," DataUSA, accessed December 13, 2019, <https://datausa.io/profile/geo/wethersfield-ct/>; "Connecticut Town Profiles," CTData Collaborative, accessed December 13, 2019, <http://profiles.ctdata.org/>.

Hispanic), 4.5 percent white (Hispanic), 4.2 percent Asian (non-Hispanic), and 3.4 percent black or African American (non-Hispanic). Finally, 95.3 percent of the residents in Wethersfield are United States citizens.

Wethersfield lacks diversity with 82 percent white (non-Hispanic). This is almost 20 percent higher when compared with the overall breakdown of ethnicity across the state of Connecticut. Wethersfield contains a significant number of people who have money, resources, homes, and jobs with power, influence, and control. These demographics of Wethersfield point toward a fascinating conclusion, especially when we consider some of the Hofstede Insights we explored above. A majority of Wethersfield residents inhabit majority positions of power and control.

Consider the February 2021 issue of *Cure*, published by the National Cancer Institute.<sup>18</sup> The issue was entitled “Cancer Sees Color: Investigating Racial Disparities in Cancer Care.” The truth is that racial disparities exist within healthcare and need to be addressed. In a town that is 82 percent white (non-Hispanic), this suggests Wethersfield residents would be expected to be more healthy or to receive more extensive healthcare should they become sick. This is a broad analysis but worthy of consideration. This is a group with financial resources. Costs are mitigated by insurance, which is most likely provided by their employers. People have insurance, and ample healthcare establishments are available. Our community has a vast net of support. These supports can be deceptive and convince us that we are self-sustaining creatures. The reality is that we are in constant need to rely on God for health. But the presence of the resources can blind us to the fragility of life and death.

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18. Katherine Malmø, “Cancer Sees Color: Investigating Racial Disparities in Cancer Care,” *Cure*, February 16, 2021, accessed May 28, 2021, <https://www.curetoday.com/view/cancer-sees-color-investigating-racial-disparities-in-cancer-care>.

## Demography as a Challenge to the Gospel

This is the setting of our church. This is essentially the demographic population one can expect to fill the pews. And the difficult reality of being the church in this community is the responsibility of reaching out into this community to make an impact with the gospel message. Being salt and light in this community will be a challenge. When confronted with the gospel of repentance to salvation, as a church we may have to work harder to connect with our audience. It is possible that the idols of the culture will produce deaf ears because we preach a gospel of Messiah who conquered through his sufferings and death. Preaching the gospel in this community may require us to point out the idols of the culture we inhabit.

The gospel message proclaims repentance from sin and to follow Christ for a new way of life. And this demographic of people may not like to be told they are sinners in need of grace. They exert control in their careers; they are not controlled. Submitting to an outside authority like the church may be difficult. When money and education abound, typically admitting weakness or helplessness can be an uphill challenge. When ill health or disease strikes, there are plentiful medical interventions available. And when disease advances, there is always perceived to be another treatment, option, or medical trial to offer hope. When people become sick and experience the dwindle in older age,<sup>19</sup> rather than facing death squarely and realistically, it is possible to avert one's eyes and strive to cure the incurable. Where some seek to practice relinquishment and detachment as a spiritual discipline that comes with age-related losses, others redouble their faith in medicine alone.<sup>20</sup> People seek to transplant, and to have surgery, and to

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19. "The dwindle" is one of the four common trajectories of dying and is defined as "small maladies accumulate, senses fail, muscles weaken, and over time the body just wears out." See Katy Butler, *The Art of Dying Well: A Practical Guide to a Good End of Life* (New York, NY: Scribner, 2019), 86-89.

20. Stephen A. Macchia, *Silencio: Reflective Practices for Nurturing Your Soul* (Lexington, MA: Leadership Transformations, 2020). Though there are many helpful selections in this resource, page 112 is a great example.

have chemotherapy, and to cure all. They may seek out more cures where there are not even meaningful treatments—some go from specialist to specialist seeking something more they can do until a provider finds something new to try. Those in the medical community have begun to be more honest with patients and have conversations about goals of care when a treatment will prove futile. But still, the list of possible interventions could be endless.

John Wyatt adds, “If our hope is in the power of medical technology to overcome every obstacle, we are doomed to ultimate disappointment.”<sup>21</sup> Perhaps an idol of our day, enabled by our resources, is that we can deny death forever. The allure is that our money, power, possessions, or our education will somehow solve all our problems. While we deny death, we miss the opportunity that Christianity offers us. We miss the true hope of the gospel that is offered to us in Christ. There is hope in Christ even though we suffer, fall ill, or die.

### A Short History of Wethersfield Evangelical Free Church

Wethersfield Evangelical Free Church (WEFC) has been our church home for more than a decade.<sup>22</sup> My wife grew up there, and I joined after returning to the area after seminary. The founding of our church occurred in 1888. As members of the Lutheran “State” church became dissatisfied with the tepid Christianity they were seeing, they formed “Free Churches” separate from the “State Churches.” These believers sought to return to the Bible as their authority, and to have a personal relationship with God through Jesus. With the growing population of Danish people in Hartford in the late nineteenth century, the Scandinavian Evangelical Free Mission was formed. This small group grew from meeting in homes to holding public worship services. This

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21. John Wyatt, *Dying Well: Dying Faithfully* (London, England: Inter-Varsity Press, 2018), 64.

22. Robert F. Deasy Jr., “Wethersfield Evangelical Free Church.” Wethersfield Historical Society, accessed August 23, 2021, <https://www.wethersfieldhistory.org/articles/wethersfield-evangelical-free-church/>.



grew to the place of dedicating their building in Hartford, Connecticut, in 1907. The members of this church adopted a constitution and by-laws in 1935. The translation of these into English symbolized the shift of the congregation becoming more Americanized. In 1938, the name was changed to the “Evangelical Free Church of Hartford.” In 1961, a new church building was dedicated and the congregation moved to Wethersfield. We are still affiliated with the Evangelical Free Church of America.

My primary vocational ministry is as a hospital chaplain. I have been active in my church through preaching, teaching, counseling, and staff support and to encourage Christians to grow in their faith and to live well. I want to help Christians live well and be faithful stewards of all God has blessed us with in our lives.

Over the past twenty years, I can’t help but notice how human interactions have become increasingly distant and lacking in depth. There is a dominance of screen-based versus face-to-face conversations and relationships. Our community has become saturated with social media and faux connected. Our world continually fails to bring us together. We remain socially isolated, yet we have great needs for connection. The recent experience with physical and social isolation in the 2020 lockdown only intensified this need for community. The pandemic has exacerbated existing mental health problems in all ages and demographics throughout the world.<sup>23</sup> Alcohol and drug use has been on the rise as a coping mechanism, and the Centers for

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23. Examples of this are plentiful. See Mark E. Czeisler, “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020,” *Morbidity and Mortality Weekly Report* 69 (2020); Tianchen Wu, Xiaoqian Jia, Huifeng Shi, Jieqiong Niu, Xiaohan Yin, Jialei Xie, and Xiaoli Wang, “Prevalence of Mental Health Problems during the COVID-19 Pandemic: A Systematic Review and Meta-Analysis,” *Journal of Affective Disorders* 281 (February 2021): 91-98, accessed March 10, 2021, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>; Jiaqi Xiong, Orly Lipsitz, Flora Nasri, Leanna M. W. Lui, Hartej Gill, Lee Phan, David Chen-Li, et al., “Impact of COVID-19 Pandemic on Mental Health in the General Population: A Systematic Review,” *Journal of Affective Disorders* 277 (December 1, 2020): 55-64; Gianna Melillo, “Increased Rates of ED Visits for Suicide, Violence, Mental Health, and Overdoses Seen Throughout Pandemic,” *AJMC*, accessed March 11, 2021, <https://www.ajmc.com/view/increased-rates-of-ed-visits-for-suicide-violence-mental-health-and-overdoses-seen-throughout-pandemic>.

Disease Control and Prevention (CDC) recently reported a significant spike in drug use and deaths due to overdose in the past year.<sup>24</sup>

As people wrestled with distress, fear, and separation from others during the pandemic, many also found themselves tackling deep existential issues. Thoughts of death, the afterlife, and losing loved ones became more profound and immediate with the tragedies and deaths that were being reported on the news or personally experienced. However, in the midst of social isolation, there was often no one with whom to discuss these deep and painful topics. The expression from Aristotle says, *horror vacui*, or “nature abhors a vacuum.” In essence, the pandemic had created a kind of vacuum, leaving empty spaces in the lives of many people and thus creating a devastating vacuum around the discussion of end-of-life issues as well.

### Secular Responses to Existential Issues

In many ways, secular culture has risen up to provide ways to fill that void, with the “Death Positive” movement becoming more mainstream.<sup>25</sup> The mindset of this movement is that ignoring or censoring death does more harm than good. Thus, there are now television shows so focused on death and grief that they are categorized in a list entitled “Ten Death Positive TV Series.”<sup>26</sup> In addition, Death Cafés, one of the more common elements of the “Death Positive”

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24. Abby Goodnough, “Overdose Deaths Have Surged During the Pandemic, C.D.C. Data Shows,” *The New York Times*, April 14, 2021, Health (section), accessed April 14, 2021, <https://www.nytimes.com/2021/04/14/health/overdose-deaths-fentanyl-opioids-coronavirus-pandemic.html>; Centers for Disease Control and Prevention, National Center for Health Statistics, “Vital Statistics Rapid Release—Provisional Drug Overdose Data,” last modified April 7, 2021, accessed April 14, 2021, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

25. “Death Positive,” The Order of the Good Death, accessed March 9, 2021, <http://www.orderofthegooddeath.com/death-positive>.

26. “Ten Death Positive TV Series to Stream Now,” Talk Death, last modified April 12, 2020, accessed March 9, 2021, <https://www.talkdeath.com/10-death-positive-tv-series-to-stream-now/>.

movement, have risen in popularity in Connecticut, throughout the nation, and across the globe.<sup>27</sup> These cafés offer space to reflect on issues of life and death in community. What happens at a Death Café is described on their website: “At a Death Café people drink tea, eat cake and discuss death. Our aim is to increase awareness of death to help people make the most of their (finite) lives.”<sup>28</sup> In lieu of physical meetings, many of these gatherings also moved into the virtual world of meeting digitally. But it still provided a community outlet to wrestle with the heavy issues in a supportive environment.

Clearly, people were also searching for the reassurance of faith during the unsettling months of the pandemic. Google, the popular web browser, reported a dramatic spike in searches for the word *prayer*.<sup>29</sup> Secular communities and spiritual organizations stepped into this chasm and provided various services in disconnected and hurting communities. In fact, spiritual businesses boomed during 2020: psychics, tarot card readers, and mediums all reported increased business.<sup>30</sup>

An article posted on the eve of the 2020 pandemic suggested that the millennial generation (those born between 1981 and 1996) are more comfortable engaging in constructive

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27. Honorable mention could also be given to the lingering book by Will Schwalbe, *The End of Your Life Book Club*, published in 2013. Not as prominent as Death Cafés, End of Your Life Book Clubs are similar for end-of-life reflection—over a specific piece of literature which guides and structures the discussion.

28. “Welcome to Death Café,” accessed March 9, 2021, <https://deathcafe.com/>.

29. Jordan Kelly-Linden, “Pandemic Prompts Surge in Interest in Prayer, Google Data Show,” *The Telegraph*, May 22, 2020, accessed March 29, 2021, <https://www.telegraph.co.uk/global-health/climate-and-people/pandemic-prompts-surge-interest-prayer-google-data-show/>.

30. Alyssa Newcomb, “Psychics and Tarot Readers See Business Boom during the Pandemic,” *Today*, November 20, 2020, accessed March 9, 2021, <https://www.today.com/tmrw/psychics-tarot-readers-see-business-boom-during-pandemic-t199757>; Teresa Caputo, “The Most Important Thing You Can Learn from a Spiritual Medium,” *Oprah.com*, accessed March 9, 2021, <https://www.oprah.com/inspiration/theresa-caputo-what-you-can-learn-from-a-spiritual-medium>.

end-of-life discussions.<sup>31</sup> This would be in contrast to the baby boomers, who, in general terms, prefer not to discuss their mortality. As the baby boomers, the largest aging demographic in the United States, continue to grow older, they have humorously been nicknamed the “Silver Tsunami.” This tidal wave of aging people, by and large, will lack avenues to process, think about, and discuss end-of-life concerns.

In all of this, I suspect what once was a vacuum has become a canyon over the past two years. There was a great need to talk about life and death. While there are numerous secular avenues for discussing this area of life, I found that faith-based options had room to grow. I believe that, as the church, we have an obligation to engage in wise counsel and deep conversation about life and death. In a stage of life that can be inherently mystical, I began to wonder how the Christian community could respond. For a people who claim victory over death through a crucified and risen Savior, there must be ways to engage in life-giving support for those who themselves are dying. The whole life of the Christian should be a remembering and rehearsing of the life, death, and resurrection of Christ. There ought also to be some processing and thinking about our own life and death and our new life in Christ as a regular part of our faith. But this was not my experience when I began working in hospice care. There was often a lack of end-of-life preparation that I saw in faithful people. It was a shocking surprise. This was the void that I began to ponder and would like to speak into.

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31. Eleanor Cummins, “Why Millennials Are the ‘Death Positive’ Generation,” *Vox*, last modified January 15, 2020, accessed August 11, 2021, <https://www.vox.com/the-highlight/2020/1/15/21059189/death-millennials-funeral-planning-cremation-green-positive>.

## **Project Design**

### **My Hypothesis: Digging Deeply into Death**

American culture has a nuanced view of death. In some circles it can be very positive. Yet, the positive perspectives are not typically grounded in any biblical worldview. In other circles, death can be offensive to talk about. Connecticut's poor use of hospice care indicates that however death positive we may be, our end-of-life preparation and medical choices remain unchanged by our views of death. Confirming this thought, a Pew Research Center Religion and Public Life Project shows 72 percent of Americans have thought of end-of-life wishes but only 35 percent have written down anything in preparation for that day.<sup>32</sup> Christians have some work to do in this area. That is a big disconnect between expectations and preparations. It should be said often to start these conversations earlier than later. The best time to have these talks is before they are needed.

The Christian has the advantage here to live in light of death on a daily basis. We can prepare for the future event of our own death while also practicing the daily habits of dying to self and taking upon us the life of Christ. Our spiritual theology sets us on a path of having our lives confirmed to the life of Christ in all we think, say, and do. While there is no guarantee that life will be free of complicated issues, the more our religious views work themselves into our daily life and behavior, the more our lives will manifest the wholeness God has for us. This way, we can attend to and prepare our souls for eternity with authenticity, humility, and even joy.

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32. Pew Research Center, "Views on End-of-Life Medical Treatments," Pew Research Center Religion and Public Life Project, November 21, 2013, accessed March 18, 2021, <https://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>.

In Psalm 90:12, Moses asks God for help. He cries out to God, “Teach us to number our days that we may get a heart of wisdom.”<sup>33</sup> When it comes to our health, none of us is promised tomorrow. We ought to embody our faith as regularly as we can to live wisely in light of our limited time before death. It is important to consider these issues of life and death in light of the biblical framework. The earlier this process begins the better. It impacts how well we navigate healthcare with biblical priorities as we age.

Secular communities are already moving in to fill the void by engaging in these conversations and talking about death and dying. But when was the last time our churches embraced Moses’ words and prayed that God would help them number their days and give them hearts of wisdom? With the growing complexity of healthcare, it can be increasingly difficult to make sense of the myriad of healthcare choices available as we age and approach the end of our lives. My concern is that not enough churches have had the opportunity to consider our faith in light of death. I am concerned that Christians will be so perplexed by the complicated healthcare options available to them that they will not know how to navigate this complicated system in a way authentic to their deeply held biblical priorities. Not all Christians have had the opportunity to engage in these intimate and yet vital conversations.

#### Sunday School Class: “Numbering Our Days: Living Wisely In Light of Death”

We will explore the creation, organization, and implementation of this class in more detail in chapter 4. My hope is that this Sunday school experience will give adults in my congregation a new appreciation of their biblical life roles and priorities while providing tangible opportunities to put some of this thought into practice. We can illuminate how issues of death

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33. Throughout this thesis-project, Scripture quotations are from the English Standard Version.

and dying are already present within the current liturgy by shifting the conversation to focus directly on issues of life and death. We can deepen our view of the one true God who transcends our life and our death and see his throne eternal in heaven. Living like Christ means planning for death. It is spiritually good for us to keep death before our eyes. Preparing for death can be good for us. I wanted to host an adult Sunday school class to engage our church community in a biblical approach to death and dying. As we discuss how our lives are affected by death, my goal is to encourage Christians to consider the biblical exhortation to live well now and approach the end of their lives in the assurance that they are secure in Christ. There is a need to process the difficulty of this past year and the viral threat that infiltrated the country. There is ample need for debriefing the stress and trauma this has caused. Facing a life-threatening illness leaves scars, and people will need to process this in supportive counseling spaces. I want to provide an avenue for the church to discuss life and death and the many issues that surround it. I want to provide an arena for discussing this sensitive topic of dying and teach Christians how to process the biblical view of death and have that guide us to live well today, in light of eternity. Paul's words remind us that to live is Christ and to die is gain.

In the next chapter, we will discuss the place of human death within the biblical storyline. Of course, there is more to this discussion than death itself. If death was all that we talked about, we would not be portraying accurately the breadth of biblical history and the theological framework which emerges as a result. We will look at the theological framework of Scripture, which will structure our understanding of the topic of death within Scripture. We will see how redemptive history has inspired the ministry of caring for the dying through the ages and how it still informs this ministry within the church today.

## CHAPTER 2

### BIBLICAL AND THEOLOGICAL FOUNDATIONS

#### **Death in the Biblical Worldview**

There are many ways to talk about living well and dying well. There are many trajectories for this discussion, and they can lead to very different conclusions. We (believers) want to ground our understanding of living wisely in light of death within a Christian spirituality. We gain deeper insight and wisdom to navigate the complex issues that arise around death and dying in our fallen world. There are many avenues for us to consider in our analysis, but none would be complete without first understanding the theological and historical storyline of Scripture.

Alister McGrath describes the breadth of Christianity when he describes it as a set of beliefs, a set of values, and a way of life.<sup>1</sup> These three components add valuable depth to how the church can begin thinking about and preparing for the end of life. The first component is a set of beliefs. Founded upon the biblical witness of inspired Scripture, this also includes the common doctrinal core of belief and the historical stories that make up our faith throughout the grand story of redemption. This includes the educational component, by which churches can engage in educating how death fits into the biblical storyline. The second component is a set of values. It reflects the life and teachings of Jesus Christ. Christianity has a set of values which are developed in the context of being redeemed people. This component is where we express theological beliefs about life and how we establish ministry to care for the sick and dying. This includes how we understand aging and express our theological framework as it impacts our choices at the end of life. The third component is a way of life. This is seen in the variety of

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1. Alister McGrath, *Christian Spirituality: An Introduction* (Malden, MA: Blackwell Publishers, 1999), 3.



worship traditions. This is also observed in how we reflect on the symbols, rituals, rhythms, and even behaviors. These have been used to reenact, transmit, and reinforce the faith within the community over time.

The activities of our faith visually and continually demonstrate the essential theological components. They also instruct us and cause deeper reflection and instruction. Dying to self and taking up new life in Christ is the daily and lifelong vocation of the Christian. It would be wise for our churches to engage in discussing what it means to live and die well. It is a notably complex topic to engage, but it would be helpful if churches engaged in this discussion. Churches can act as educators, encouragers, advisors, and advocates for their congregation as they navigate complicated ethical, financial, family-related concerns, social issues, and healthcare concerns in the approach for end-of-life issues. Whatever the issues, as discussed in the previous chapter, it appears more can be done to equip congregations in extremis. We are going to consider the Christian tradition and wisely think about how the gospel message impacts our lives and ultimately our understanding of death. We need to make a difference in our pews. Those who sit in our churches will continue to age, and whether they are aware of it or not, they are approaching death. As we approach death, we are empowered by the Holy Spirit to live with wisdom and to navigate end-of-life issues and put their faith into action on the journey through the valley of the shadow of death.

Dennis Hollinger uses the fourfold categories of creation, fall, redemption, and consummation in *Choosing the Good*.<sup>2</sup> In this chapter, these four categories will provide a

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2. Dennis P. Hollinger, *Choosing the Good: Christian Ethics in a Complex World* (Grand Rapids, MI: Baker Academic, 2002), 61-88.

biblical frame to interpret the set of beliefs, the set of values, and the way of life for Christians.<sup>3</sup> These four movements in biblical history assist our understanding and give clarity in how sin led to death within God's good creation. Yet, at the proper moment, God offered up his Son, Jesus, to provide simultaneously redemption and assurance to his people of his authority of all things. We will examine the role death plays in redemptive history by using these grand movements of God's story.

## Death in Biblical Theology

### Creation

In the beginning of history, God created the heavens and the earth. Genesis records the work of God to create everything that exists: "And God saw everything that he had made, and behold, it was very good" (Gen 1:31).

As Creator of the universe, God is utterly sovereign over every created thing. Meredith Kline points out that when the days of creation are described, there are not any hints of conflict, no suffering, and no struggle in this construction process.<sup>4</sup> Everything was created by the very words of an artisan-creator God, and it was all promptly pronounced to be good. A proper understanding of the doctrine of creation will ground our understanding of and role in God's world.

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3. In much the same vein as McGrath, who speaks about Christian spirituality, Hollinger states in discussing Christian ethics that the Christian worldview is composed of three components: Narrative, Rational, and Ritual. Hollinger, *Choosing the Good*, 63.

4. Also, Kline points out that the Genesis creation account is in notable contrast with other creation accounts: "In ancient mythological cosmogony the theme of a house for the god occupies a climactic place. Thus, in the Canaanite version, when Baal emerges from the conflict as the conqueror of the dragon-power of chaos and thereby as the stabilizer of world-order, he has a house built for his enthronement." See Meredith G. Kline, *Kingdom Prologue: Genesis Foundations for a Covenantal Worldview* (Eugene, OR: Wipf & Stock, 2006), 26-27.

Hollinger points out three key characteristics that will be used to frame our understanding of the world God created. These categories help us orient ourselves in relation to the world God created and ground our biblical framework. These three categories are the goodness of creation, creation in the image of God, and a givenness of creation.<sup>5</sup>

### *The goodness of creation*

When God creates the world and looks back over his creation, he pronounces it “good” at the end of the sixth day (Gen 1:31). This is an important topic to hold fast to, as much of Christian history has not always lived in the light of this truth. Hollinger points to the early church blossoming in the presence of Gnosticism and neo-Platonism, which focused on the “spiritual” over the “physical.” He also identifies the effect of monastic life that drew the faithful out of the secular community to focus on manual labor and prayer. Where asceticism vilified pleasure and bodily concerns, Christians affirmed the body and labor as “good” things. There are many ways this is exemplified in the New Testament. For example, 1 John 1:1 reinforces the stress on the physical presence of God in the flesh through Jesus. The apostles saw him, ate with him, touched him, and spoke face to face with him. A good creation does not need to be avoided, shunned, or abused. A good creation can be embraced and enjoyed and stewarded for the good of God’s people and God’s world.

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5. Hollinger, *Choosing the Good*, 70-75.

### *Creation in the image of God*

Hollinger points out the three nuances of our createdness in the imago Dei.<sup>6</sup> First, being made in God's image implies our stewardship over the good world we are created into. In Genesis 1:26-27, God set a man and a woman as caretakers of his good creation. Just as God created and tended to everything, so he places Adam and Eve over his creation to care for it all in his place. Second, the imago Dei implies a relationship. It suggests human need for relationships with others and with God. God created Adam and a suitable partner, Eve. In his image he created them, male and female. The practical implication is that individuals cannot thrive apart from intimate relationships. It could also point toward a trinitarian view of God: one God in three persons creating the world out of a complete, ever-present, and unending love within himself. Third, the imago Dei implies dignity and worth in our design. All human beings have a design as made in the very likeness of God.

Genesis 1:27 states, "So God created man in his own image, in the image of God he created him; male and female he created them." When God creates everything, he pronounces it to be pleasing, to be good creations. But when God forms humankind, he does so in a slightly different manner. They are a part of his good creation, but he makes them in his own image. He molded man from the dust of the ground and breathed into man's nostrils "the breath of life." That is when Genesis 2:7 describes man as a living creature. In his typical poetic style, Kline describes the imago Dei this way: "Man is made with the glory of an official dominion, a dominion that is holy, righteous and true in its ethical character, a dominion that has promised ultimately of a perfected manifestation in the luminosity of human glorification."<sup>7</sup> There is a

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6. Hollinger, *Choosing the Good*, 73. The common term for the image of God in mankind is the imago Dei.

7. Kline, *Kingdom Prologue*, 43-44.

distinct parallelism of the work of God to wonderfully create the world and the role of mankind placed in the world that God created with the commands to care for this good creation.

Humankind was free from physical and mental disease, experienced unity and orderliness at a cellular level, and experienced complete connection with the physical world. There was mental wholeness for the big picture of meaning and purpose, and no lack in its functioning. Heart and mind would function together. People's choices would reflect their role as stewards of creation with God at the center of all they chose to do. There was a deep, whole-person approach to understand, use, and synthesize the cosmos as humans lived out their role as stewards of creation.

#### *A givenness of creation*

God blessed the birds of the air with the charge to "be fruitful and multiply." But he goes a step further with humanity in Genesis 1:28 when he directs them to "be fruitful and multiply and fill the earth and subdue it, and have dominion over the fish of the sea and over the birds of the heavens and over every living thing that moves on the earth." Humanity was directed to oversee this new world. God gave Adam and Eve this mandate as a command to work and build community (or culture) through exercising dominion over the created world, cultivating it, and subduing it.

After God proclaimed the beauty and completeness of creation, Adam and Eve were placed upon the land to steward it and continue the good work of tending and nurturing the land in God's place. Humanity was created in God's likeness to manifest some of his divine characteristics in stewardship of the creation. His mission becomes their mission. Their mission becomes our mission. Their mandate becomes our mandate. This mandate also influences how

we engage in health care. In God's place, we are to continue the good work of tending and caring and having rule over this creation under the good rule of God. There is no hint of death, no whiff of decay mentioned in this narrative. There is no mention of suffering, pain, or death. Caring for the dying would therefore not be a concern because death was not a present reality.

Through a proper understanding of the creation of humankind, we can appreciate the creative work of God to fashion a people who reflect and represent him upon the earth. Adam and Eve still had needs in this place, and those needs were multifaceted. They had physical needs and they had spiritual needs, and their needs were completely met. They experienced close communion with God while accomplishing their mission and mandate to have a stewardship dominion over the land and to subdue it while also being fruitful and multiplying. God empowered them with creative volition, and they were his representative stewards on earth. They had authority to make choices regarding use of the earth. They were able to have food to eat, and they had work to do, and they spoke unhindered with their creator.

God says, "You may surely eat of every tree of the garden, but of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall surely die." God formed Adam and gave him directions of how to acquire food. But in giving him directions for food, he commands him not to eat of one specific tree. When he eats from the tree of the knowledge of good and evil, the consequence for this disobedience is to die. In Genesis 2:16-17, the first unsavory whiff of death is mentioned. It is the consequence for going against the grain of creation. With a little help from a crafty serpent to nudge her along, Eve took the fruit and gave some to her husband, Adam, who was alongside her. In one fell swoop, the human

race was changed. The consequence for disobedience was “to die.” It was death in all senses: physical, spiritual, and eternal.<sup>8</sup> This historical and theological moment is what we call the Fall.

## **Fall**

We see relationships enduring the effects of the Fall (Gen 3:4-6). Humanity previously experienced four categories of relationship that become maligned in the Fall. Humanity becomes alienated from God and no longer is able to achieve a natural intimacy with our Creator. Humanity becomes alienated from each other as relational tensions are imposed. There is also an alienation within the self. People would feel ill at ease within themselves and be able to self-deceive. Hollinger adds the category of structural or corporate sin over and above the effect of sin on relationships. Sin resides in relationships, but sin also has “reverberations [in] societies, cultures, institutions—the world.”<sup>9</sup> However, it should be added, humanity experienced an unhindered relationship with creation before the Fall. The ground now resists Adam’s work and fails to produce what it should (Gen 3:17-19). There was a cosmic order and connection between creator, caretakers, and creation that was distorted in the Fall.

The impact of sin and the consequence of death reverberate through God’s good creation. This action of disobedience in the garden by Adam and Eve has carried tremendous consequences for all people ever since. God’s relationship with his people had not ended, but it had fundamentally changed. We were originally created to see, hear, and recognize God dwelling among us. Rather than speaking with God face to face in the Garden of Eden, because of sin

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8. Anthony A. Hoekema, *Created in God’s Image* (Grand Rapids, MI: Eerdmans, 1986), 139.

9. Hollinger, *Choosing the Good*, 80.

Adam and Eve experienced him in the wind.<sup>10</sup> Derek Kidner points out that where Adam and Eve had previously heard God's voice in a sign of intimacy, now they perceive God distantly through the sound of his approach (Gen 3:8).<sup>11</sup> They became aware of their vulnerability and became afraid of God's presence. God would have to speak to them and call out to them before they could clearly distinguish his voice. The distance between God and humankind had changed, a fatal change for humankind. The default condition of humankind would be death unless God intervenes to reveal himself. Desmond Alexander contrasts intimacy with God before and after the Fall when he points out, "The special relationship that was established at creation will only exist with those to whom God now makes himself known."<sup>12</sup> Humanity was not able to comprehend or respond to God meaningfully and needed to rely upon the revelation of God for rescue.

Anthony Hoekema describes how sin acted on God's created people in God's created world. Though Adam and Eve themselves were not cursed, they experienced a sentence or judgment for their sin.<sup>13</sup> Their disobedience carried the introduction of death they had not had before. Kidner highlights the three kinds of judgment for sin manifested in the Fall as personal, physical, and spiritual disorder.<sup>14</sup>

In personal disorder, there would then be mutual estrangement in intimate relationships. People could be used to the benefit of another and for selfish purposes. For Eve, she would have

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10. Jeffrey Jay Niehaus, *God at Sinai: Covenant and Theophany in the Bible and Ancient Near East*, Studies in Old Testament Biblical Theology (Grand Rapids, MI: Zondervan, 1995), 155-59.

11. Derek Kidner, *Genesis: An Introduction and Commentary*, Tyndale Old Testament Commentaries 1 (Downers Grove, IL: IVP Academic, 2008), 74.

12. T. Desmond Alexander, *From Paradise to the Promised Land: An Introduction to the Pentateuch*, 3rd ed. (Grand Rapids, MI: Baker Academic, 2012), 132.

13. Hoekema, *Created in God's Image*, 134.

14. Kidner, *Genesis*, 77.



pain in childbirth and a desire contrary to her husband. Where once there was unity, this was replaced by disunity or tension. They experienced the relational consequence between each other and with God. They experienced great alteration in their life and activities.

The expression *homo incurvatus in se* is often used to explain the relational effects of sin.<sup>15</sup> It describes how humanity once had an outward orientation before sin entered the picture. But because of the effect of sin, or in the presence of the curse of sin, the orientation of humanity became curved in upon itself. Rather than seeking the well-being of another in an outwardly relational way, we became center-seeking in nature. Our default would orient relationships centripetally.

In the physical disorder of the world, all of nature was cursed because of Adam and Eve's sin. The ground was cursed because of Adam, and it would not produce the abundance it had before. It would also bring forth thorns and thistles and resist his cultivation, thus making him strain painfully to acquire food. Human life will be introduced to death in a way they had not experienced before. When we read the consequence of sin was "to surely die" we understand humanity would now face decay and sickness within their bodies which would continue to wear them down physically and ultimately be imposed at the end of their lives. Humans would now surely encounter death at the end of life. Humankind would, from then to present, face death as a natural part of life.

Third, their spiritual disorder created a people in flight from God while also being in contention with him. Where they had been good reflections and images of God, now they had become fractured mirrors who reflected God's glory dimly. Not only did sin distort their identity as reflections and images of God upon the earth, but it also separated them from God by an

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15. Matt Jenson, *The Gravity of Sin: Augustine, Luther, and Barth on Homo Incurvatus in Se* (New York, NY: T & T Clark, 2006).

infinite chasm. In his *Institutes of the Christian Religion*, John Calvin described the spiritual change that occurs within humanity after the Fall. He described “that the image of God was not utterly effaced and destroyed in him, it was, however, so corrupted, that any thing which remains is fearful deformity.”<sup>16</sup> Even though death would be pervasive, the Fall did not negate all the goodness from creation. Human beings, though now confronted with death, still bear in them the *imago Dei*, the image of God.

Hollinger adds, “The fall into human sin and our subsequent actions and character do not negate either the goodness or the givenness of creation.”<sup>17</sup> God’s mandates to humanity to tend his creation, to steward it, to care for it, to be fruitful and multiply were all still active. Eve receives the consequence of pain in childbearing and relationship with her husband. Adam receives the consequence of difficult working with the ground. The ground would also be subjected to some form of curse which would restrict its abundance under the hand of God’s steward, Adam.

God speaks directly to the serpent in judgment with the consequences of this first sin in Genesis 3:14-15. We are confronted with a wonderful mystery. In Genesis 3:15 we see the proto-evangelium, the first glimpse of the gospel.<sup>18</sup> We see the promise of God to intervene to rescue his creation most vividly when the Lord God pronounced judgment upon the serpent. God says to the serpent in Genesis 3:15, “I will put enmity between you and the woman, and between your offspring and her offspring; [her offspring] shall bruise your head, and you shall bruise his heel.” There will be an “offspring” of the woman who will crush the serpent’s head in a sacrificial way for the sake of this moment in history. The failure of the first Adam revealed a plan of God to

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16. John Calvin, *Institutes of the Christian Religion* (Peabody, MA: Hendrickson, 2008), 107.

17. Hollinger, *Choosing the Good*, 75.

18. Hoekema, *Created in God’s Image*, 134.

establish his city upon the earth. Humanity loses sight of God's plans for a time, but God generously reveals himself and his plans to his people. The serpent had done something truly evil by enticing Adam and Eve into sin. God declares there will be conflict with the serpent and the woman's offspring. This seed of the woman would crush the serpent's head, but the serpent would crush his heel. Until that moment of conquest, God's people would have to endure in the presence of and under the dominion of the reign of sin. In Genesis 3:14-15, the seed promised by God would destroy the power of the serpent while himself being struck. Though we may pick up on the aroma of the gospel message, it is not clear at that point how sin is to be dealt with. Make no mistake about it, sin still needs to be expunged from humanity.

The deadly presence of sin marks a sanguine thread throughout the course of the Old Testament. The next series of narratives that follow Adam and Eve's escort out from the Garden of Eden is a story of increasing evil. In Genesis 4, we see Abel give a pleasing sacrifice from his flock. Cain offered a sacrifice that did not please God. In Cain's anger which ensued, he murders his younger brother. We see increasing corruption and violence upon the earth up to the moment God will flood the earth. God sees this evil influence in humanity and moves to reboot the human race from the line of Noah and his family. After the flood (Gen 11) and in the generations after Noah, we see humanity in its pride attempting to build a tower in order to "make a name for themselves." God intervenes to change their languages and disperse the different language groups over the land.

Next we see God established his covenant promise through Abram most vividly, in Genesis 15. As the sun was going down, God encountered Abram as "a deep sleep fell on Abram. And behold, dreadful and great darkness fell upon him" (Gen 15:12). Through this darkness, Abram received a vision of God concealed in a smoking fire pot and a flaming torch

that passed between the pieces of sacrificed animals. God takes the oath upon himself and all the consequences therein to fulfill his requirements to redeem his people.<sup>19</sup> This revelation of God to Abram indicates the great need of the people for God's intervention. God called and re-established his covenant with the patriarchs who followed Abraham, namely, Isaac and Jacob. But of all the Old Testament prophets, Moses holds a distinguished place. The great need of the people foreshadows the intervention of the prophet Moses.<sup>20</sup>

John 1:17 says, "For the law was given through Moses; grace and truth came through Jesus Christ." In the law delivered by God, Moses received and handed down a system of sacrifices and ritual purification that would allow for the temporary mediation of sins. In the garden, God's people became unable to commune with him without an intermediary. Whether it be through a priest, prophet, or king, God's people would require intercession. The search for the right intermediary to definitively remove the sin from God's people would prove to be a perpetual issue. We will look closer at this process and the revelation of Jesus as the Messiah in the category of redemption.

## **Redemption**

Through Moses, God instituted the sacrificial system to make atonement for sins. The law prescribed how sin could be mitigated and humanity could be brought back into fellowship with God. This system mediated sins temporarily in order to usher a sinful people into God's holy presence. Sacrifices had to be offered perpetually for forgiveness. Yet it was inadequate to undo the curse of sin. The people God called his own would not remain faithful. God's people

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19. Meredith G. Kline, *Kingdom Prologue: Foundations for a Covenantal Worldview* (Overland Park, KS: Two Age Press, 2000), 296.

20. Niehaus, *God at Sinai*, 178-80.

would seek a king to lead them. They would require priests to offer sacrifices on their behalf for the forgiveness of sins. The sacrifice itself would need to be unblemished and pure. They would need prophets to speak God's words to them. Through the years, God revealed himself and brought up leaders for his people to follow. But the sacrifices and laws were not obeyed. The people followed idols, foreign gods, and other leaders. God called out to them through prophets, and for a time they would respond, but they would be drawn back again to other things. The presence of sin and the influence of death within their souls drew them into unfaithfulness. The people God called his own could not remain faithful. The legacy of the first Adam and the fall into sin leading to death was still at work in God's chosen people, yet God remained gracious and merciful.<sup>21</sup>

But the law was given not as a system that would remain in place forever, but instead to guide God's people to the messiah. The messiah would one day come and be described as the second Adam. The messiah would arrive and keep the promise made in Genesis 3:15. He would strike the serpent's head, and the serpent would strike the messiah's heel. The apostle Paul calls the law a tutor or guardian over God's people to lead them to faith in Christ. Galatians 3:24-26 says, "So then, the law was our guardian until Christ came, in order that we might be justified by faith. But now that faith has come, we are no longer under a guardian, for in Christ Jesus you are all sons of God, through faith."

The apostle Paul makes the connection between Adam and Jesus when he called Jesus "the last Adam" (1 Cor 15:45). Throughout God's plan, sin would reign over his people without resolution. Adam brought death through his sin, and that sin would have dominance until Jesus was born. These two prove a tension for Paul. He says in Romans 5:21 that sin reigned through

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21. See Nehemiah 9 for a concise retelling of the history of God's covenant people. This chapter focuses on God's constant faithfulness and the wickedness of the people.

Adam but grace and righteousness reign through the life of Christ. Sin reigned in death, but grace continues to reign through Jesus Christ. Paul connects these two moments in the history of redemption. He expands this truth when he proclaims sin and death entered the world through the failure of the first Adam in the Garden of Eden. Romans 5:17 states, “For if, because of one man’s trespass, death reigned through that one man [the first Adam], much more will those who receive the abundance of grace and the free gift of righteousness reign in life through the one man Jesus Christ.” Jesus comes to remedy the breach created through the failure of the first Adam. Furthermore, Paul describes atonement in Christ as the ultimate conquest of sin and death when he adds in Romans 6:5, “For if we have been united with him in a death like his, we shall certainly be united with him in a resurrection like his.”

When Jesus, the Messiah, was born he proved to be the complete leader: king, prophet, and priest for all of God’s people. He himself would be the final and complete sacrifice for the atonement for sin, thus ending the need for any other sacrificial system (Heb 10:1-18). When the Messiah appeared, he was not recognized by his people. He emptied himself and did not demand service – but began serving his people. So while we were still weak, enslaved to sin, and without the presence of the Holy Spirit to guide us, Christ died upon the Roman cross. Jesus Christ, born of the virgin Mary, was both fully God and fully man. He was crucified, died, and was buried to make atonement through his blood shed on a cross (1 Pet 2:24). On the third day, he rose again from the dead and ascended into heaven. His mission becomes our mission when he tells us in Matthew 28:18-19, “All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age.”

The Fall rent a tear in the fabric of space as creation groans under the weight of this curse of sin. But the rip in the fabric of space and time has been darned. The death of Christ killed death for those who find their refuge in him. No other payment exists that is necessary for entrance back into communion with God. Hollinger says, “The heart of the gospel is the good news that in Jesus Christ the old alienation between humanity and God has been overcome.”<sup>22</sup> The effects or sentence of sin and death are not completely lifted off of God’s people in this stage of redemptive history. That is, those who are in Christ will still experience suffering, sin, and physical death even though Christ has decisively won the victory. We live in the broken world as new creations still subject to the influences of sin and death and the devil. God offers us his Holy Spirit to carry us along in the process of spiritual maturity until such a time as all creation is made new upon his climactic culmination of history. It is his work to renew all things, and he will see it to completion. God now brings about good from evil in the life of his children, whether that is changing unrepentant sinners into holy saints or working good from evil situations in their lives. He restores what has been corrupted by sin at the fall of mankind, and he works good things from it. It is in this season of biblical history that our relationship with Christ is begun now and will be completed to unhindered fellowship later.

Jesus lived and fulfilled the work set before him by living obediently before God. Then, in his death, he absorbed the wrath of God against all evil and sin. He crushed the serpent’s head, while himself being crushed. This act of intercession allows us access to the Father. Jesus suffered for our sins, the righteous one for the unrighteous ones, that he might bring us to God. He was put to death in the flesh but made alive in the spirit. He now offers us forgiveness and welcome into God’s presence through his atoning sacrifice. Jesus Christ, being both fully God and fully man, was crucified to make atonement through his blood. He provides the way for

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22. Hollinger, *Choosing the Good*, 82.

sinful humanity to have our corruption of sin and death removed and ultimately free humanity from the penalty of sin when they are made alive through the work of the Holy Spirit. This work of God to restore us occurs instantaneously, making us new while also transforming us piece by piece into a new creation.

Though death has not been removed completely yet, it has been dealt a death blow. Because God's work of restoration in the life of the Christian is simultaneously complete in one sense and yet awaiting completion in another, we live by faith in a place of hope. Christians are now in a period of having experienced the first revelation of Christ on earth while also awaiting his promised return to put things right and draw all history to a close. We are still subject to death and decay in the waiting of life. And thus, our lives can be filled with grief and the pain of loss as we suffer and die. Yet the sting of death with its power to be the final authority over us has been disarmed. It can no longer compare with the glory that will be revealed. Jesus provides passage through death by his victory over death. "To come to faith in Christ," as McGrath says, "is to begin a new relationship with God which is not abolished by death, but which is actually deepened, in that death sweeps away the reminding obstacles to our experiencing the presence of God."<sup>23</sup>

In this period of redemption, we experience a new birth in Christ through the kindness of God through faith. We also experience sanctification whereby the Holy Spirit works inside of us to reform us.<sup>24</sup> In 2 Corinthians 4:16, Paul says that we are still wasting away in our bodies. We still see physical decay and disease in our bodies. The penalty of death and decay still remains with us even though Jesus has secured the victory over all evil. But it comes with a stamp of expiration date. We see internal resistances, bodily system failures, and suffering is still present

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23. McGrath, *Christian Spirituality*, 77.

24. Calvin, *Institutes of the Christian Religion*, 475.



with us. Yet we rely upon Jesus who has conquered all lasting effects of evil and death. Chronic or spontaneous illnesses plague human life. Accidents and calamities befall our health. Yet, because of the victory of Jesus, we see those experiences as being under the purview of God. Not good in themselves, they can and should become redemptive experiences. This is why Paul finishes his thought in 2 Corinthians 4:16-18 by saying, “our inner self is being renewed day by day. For this light momentary affliction is preparing for us an eternal weight of glory beyond all comparison, as we look not to the things that are seen but to the things that are unseen. For the things that are seen are transient, but the things that are unseen are eternal.”

We know a way of life is not produced overnight. Rather, a way of life is formed slowly but surely by participation with the work of the Holy Spirit. Likewise, when someone is made alive in Christ, we expect that person will at once be changed and yet still continue to mature over time by developing the characteristics of life in God’s kingdom. This is the good work of sanctification that God is doing within the human heart. Though we participate in the good work he began in us, Paul assures us in Philippians 1:6 that God is ultimately responsible for completing his good work in us at the day of Jesus Christ.

Scripture elevates the process of restoration and repairs how we view the world. We need the intervention and assistance of the Holy Spirit in right thinking, in our memory, and in seeing Christ clearly. Our hearts and minds also experience brokenness. There may be internal tension of the heart and the mind which would normally function together in a God-centered way to guide us as we interact with the world. Now, with fallen thoughts and emotions, we engage in the world differently. Through the process of sanctification this reorientation and renewal occurs. Our choices and character also are renewed through sanctification. Our choices begin to reflect our God-given roles and responsibilities as stewards. But we still can bear the marks of

brokenness. Our self-centered hearts can still dominate our choices. Social brokenness can experience restoration as well. Through Christ we can experience a repairing of relationships with God, with other people, and even with self. Our restored relationship with God is mediated by the Spirit through Christ's victory over death. Our hindered relationships with others begin the process of mending, though relationships always bear the resistance of internal sin and the weight of incomplete communication. Wholeness of the self occurs through Christ's kingdom but not yet fully present. This process is improved through the process within sanctification. Death and decay are present but no longer dominant. The presence of suffering and pain is no longer the final word as we are empowered by the Holy Spirit in the redeemed community.

Medical ethics align very well with a biblical approach to human autonomy and stewardship of the good gifts of medical arts. Kathryn Butler says, "Christian theology informs medical ethics."<sup>25</sup> Medicine can be classified as a God-given gift as a means to withstand the forces of evil, decay, sickness, and death.<sup>26</sup> In this sense, it is considered an avenue of common grace whereby all people can experience God's excellent gifts through nature.<sup>27</sup> Sin and death infiltrate, infect, and degrade life made in God's image and oppose the goodness of the original creation. The medical arts, including medical ethics, become a means of stewarding creation wisely and to the benefit of humanity as a good gift of God. Sicknesses and disease can be combated through the good means of the medical arts. Chronic illnesses can be eased. Surgeries can bring cure. Medicines assist life. Even the more complex and relatively new medical advances are proving useful in supporting human life. Advances in organ support, tissue

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25. Kathryn Butler, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Wheaton, IL: Crossway, 2019), 31-32.

26. Calvin, *Institutes of the Christian Religion*, 167.

27. Hoekema, *Created in God's Image*, 189.

donation, bodily fluid transfusions, and even the advancing frontier of three-dimensional printed organs are signs of good stewardship of technology and medicine to combat death. These medical arts can become avenues of fighting disease. Yet they require wisdom and evaluation because medicine can also prolong suffering, loss, and death.<sup>28</sup> Caring for the dying is a necessity and can be burdensome. But within the redeemed community, it becomes an act of service and a redemptive activity that demonstrates Christ's victory over death. It is an active service that can become redeemed into worship and a part of our sanctification. Medical professionals themselves experience brokenness in their lives and incompleteness in medical training or their memory. Medicine can itself be used for death-seeking rather than being life-promoting. The medical arts do not ultimately bring redemption and entrance into the kingdom of God. Only Jesus does that.

Surely it is God's final defeat of evil that Paul is referencing when he ends his writing to the Roman church. In Romans 16:20, he closes his letter in the style of a benediction by saying, "The God of peace will soon crush Satan under your feet. The grace of our Lord Jesus Christ be with you." John Calvin described the redemption which occurs in Christ when he says, "Our deliverance begins with that renovation which we obtain from Christ, who is, therefore, called the second [Adam], because he restores us to true and substantial integrity."<sup>29</sup> This process of renovation will be complete only when Jesus returns at his day, which we will now look at in consummation.

## **Consummation**

The consummation of history is described in Revelation 21:1-6:

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28. Butler, *Between Life and Death*, 15.

29. Calvin, *Institutes of the Christian Religion*, 107.

Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and the sea was no more. And I saw the holy city, new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. And I heard a loud voice from the throne saying, “Behold, the dwelling place of God is with man. He will dwell with them, and they will be his people, and God himself will be with them as their God. He will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things have passed away.”

And he who was seated on the throne said, “Behold, I am making all things new.” Also he said, “Write this down, for these words are trustworthy and true.” And he said to me, “It is done! I am the Alpha and the Omega, the beginning and the end.”

This final stage is described as the end of the age and the consummation of all history.

There is a tension between the “now” and the “not yet” establishment of the kingdom of God.

Though present with us now, the full establishment of the kingdom of God upon earth is still in the future.<sup>30</sup> The effects of the Fall will be made right at the full establishment of Jesus’ kingdom upon the earth. The work of restoration will not be completed until Christ returns in all authority as the King of creation and puts everything right. When Jesus returns to inaugurate the climactic end of history, this new age will be one of God’s kingdom unfettered by the devastating effects of sin. All effects of sin, evil, death, and decay will be washed away. Heaven and earth will be drawn together in this new kingdom life, which we see vividly realized in Revelation 21. One day in the future, Jesus encourages us that he will return (Rev 22:12). He will be the final resolution either through restoration or judgment to put away all the consequences of sin, death, and rebellion that have plagued his creation.

Paul makes a distinct connection to the final coming of Jesus as King and Jesus as the one who executes final judgment upon sin. In 1 Corinthians 15:23-28, Paul declares that when he returns, Jesus will destroy “every rule and every authority and power . . . and the last enemy to be destroyed is death.” Through good times and through dark nights, we await his return. While we wait, we engage in partnership with the Holy Spirit for transformation. McGrath adds, “In

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32. McGrath, *Christian Spirituality*, 74.

heaven, a final vision of God's radiancy, glory, and beauty world finally be possible—and that was supremely worth waiting for.”<sup>31</sup> God's work in us and through us has formed us as his family for his own glory. Even though we have faced suffering in this life, at the final restoration of God's rule on the earth through Jesus will put away all outworking and effects of evil and sin.

In Revelation 21:4-5, John says “former things have passed away” and “Behold, I am making all things new.” The first creation, subjected to the curse of sin, will be transcended by a new means of existence. This is cosmic renewal. This is the infusion of all creation with the presence of God (Rev 21:21-23). This will be a means of comprehensive newness of life beyond every threat of evil and destruction.<sup>32</sup> Even the removal of the seas (Rev 21:1) points out that there is no possibility of evil in this new dwelling of God with man.<sup>33</sup>

There is great mystery about what human life will be like in these conditions when the current state of life has ceased and new and eternal life begins. The kingdom of God will be fully present in a way that it was not able to be fully present before. Jesus will walk uninhibited among his people, and we will be able to experience a relationship with him without fear of judgment. All evils will be made right, and God's family will be brought into relationship without the brokenness of sin and death. When God reveals his heavenly glory in the final consummation of all history, everything will be revealed and restored to what it was originally designed to be, and we will be given a new birth into the present reality of the kingdom of God. This will reveal that the trials of life we faced on earth are not comparable to the fullness of God's glory. The fullness of his restoring power to recreate us into this new birth will be on full display. But this new life will be a life fuller than we had before and not merely an eternal

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31. McGrath, *Christian Spirituality*, 79.

32. Bauckham, *Theology of the Book of Revelation*, 49.

33. Bauckham, *Theology of the Book of Revelation*, 53.

extension of biological life. Rather, it will be a transformation of life from the biological to the eternal.<sup>34</sup> Life will grow and flourish into what it was meant to be. What does this mean for our bodies? Our new life will not merely be an extension of the biological life we experienced before Christ's return. But this new and eternal life will be a life fuller than we had before; a transformation of life in the presence of the Creator, to grow and flourish according to the original design.<sup>35</sup> Our soul will be complete. Wholeness will abound in relation to everything else in the created order, a wholeness made stronger by the presence of a victorious Jesus in our midst. Socially we will experience an unhindered relationship with God: Father, Son, and Holy Spirit. We will experience an unhindered relationship with others and complete self-understanding. Clear communication will be possible in new ways. We will experience physical wholeness and freedom from disease. Our bodies will have a cellular wholeness and health that will no longer be susceptible to decay. We will experience freedom from the effects of sin and death that were at work. We will experience meaning and purpose in our work. There will be unhindered and complete connection within the physical world. The ground will no longer resist fruitfulness, and we will be free to be good stewards of the resources it produces.

Hollinger reminds us that "the consummation is not a theology of escapism and abdication of responsibility within this world; it is a reminder to live now in light of the coming kingdom of God when justice, peace, righteousness, truthfulness, and purity will be made complete."<sup>36</sup> Death has died. In the consummation, death is no longer an issue for God's people. It is eliminated upon the completed realization of the final movement of God's redemptive

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34. McGrath, *Christian Spirituality*, 77.

35. McGrath, *Christian Spirituality*, 77.

36. Hollinger, *Choosing the Good*, 86.

history. Caring for the dying, aging, and the decay of our mortal flesh will become obsolete because death will no longer be present among God's people.

### Summary of the Biblical Themes

The biblical themes of creation, fall, redemption, and consummation help us to frame our understanding and discussion of death and dying. We can understand death and dying properly only within a biblical framework. Death enters human existence as a consequence for human rebellion. It corrupts the original condition of life. God is not easily deterred from his creation but promises to eradicate this virus of death. Death continues to be an intrusive force that causes havoc within God's world, which was created to be good. Because death is an interloper in human life, death will be put away once and for all when all history is complete. We still wrestle with the consequences of sin and decay in our lives. We face sin and death in countless ways. We are fraught with unproductive land, hard toil, painful childbirth, and all manner of sicknesses and tragedies. We do so in the hope of a Savior who will return to make all things right. The return of Jesus Christ is the moment this virus of sin and death are completely uninstalled from God's good creation. Until these grave issues are put away permanently, death stands at the liminal place between what we now experience and our true home, forever in God's presence. It is still a door we must pass through before we finally enter into the roles we were created for as children of the most high God with whom we can dwell, face to face.

Death plays a major role in understanding life, faith, and death from the biblical storyline. Without a proper understanding of death, we might improperly place too high an importance on this temporal life. We might angrily respond to the difficulties we face in the world due to the sickness, suffering, and decay of our mortal bodies. We might aggressively attempt to prolong

this life if we consider it as all that is to human existence. If we understand death biblically, we place it under God's good rule and under his supreme authority. Reflecting upon our own personal death can and should be a facet of our discipleship and an element of our spiritual formation in Christ's image. God's people wait in hopeful expectation of life to come in the final consummation of the new heaven and the new earth.

### **Historic Christian Response to the Dying**

The Christian response to care for the sick and dying is rooted in various places within the biblical framework discussed above. If that is the case, we should see a strong legacy of Christians extending themselves on behalf of the sick and dying. Is that historically what we see? Do we regularly see Christians serving God by extending themselves to the hurt, the sick, the broken, and the dying? The answer is a resounding and unequivocal yes! This is exactly what we see throughout history.

Throughout the course of history, there has always been a strong Christian witness and response to action in support of the sick and dying. Even at great expense for their own health and safety, the early church cared for the sick and the dying.<sup>37</sup> Rodney Stark quotes the writings of Dionysius from around AD 260. As those communities endured an epidemic, Dionysius wrote,

Most of our brother Christians showed unbounded love and loyalty, never sparing themselves and thinking only of one another. Heedless of danger, they took charge of the sick, attending to their every need and ministering to them in Christ, and with them departed this life serenely happy; for they were infected by others with the disease, drawing on themselves the sickness of their neighbors and cheerfully accepting their pains. Many, in nursing and curing others, transferred death to themselves and died in their stead. . . . The best of our brothers lost their lives in this manner, a number of presbyters, deacons, and laymen winning high commendation so that their death in this

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37. Rodney Stark, *The Rise of Christianity: A Sociologist Reconsiders History* (Princeton, NJ: Princeton University Press, 1996), 82.



form, the result of great piety and strong faith, seems in every way the equal of martyrdom.<sup>38</sup>

It is not just in the early church that we see Christians pioneering movements to care for the sick, the strangers, and the dying. In his rule for monasteries, Saint Benedict (c. 480–547) ensured provision for the sick brother, the elderly, and children.<sup>39</sup> As time progressed, Christian welfare institutions were founded. Monasteries showed hospitality and brought in the stranger and the sick. Saint Benedict saw the spiritual benefit of caring for the dying and encouraged his order to “Keep death daily before your eyes.”<sup>40</sup> He saw the spiritual benefit of this form of caring ministry. Christian history is replete with other examples of health care being a prime opportunity to care for others.<sup>41</sup> Religious orders and traditions were established with the primary objective of providing health care to those who were ostracized from society. Hospitals were created. Mental health institutions were created. Medical science was advanced through study, education, and practice. Missions were established to provide care in places where medical care was unavailable or unattainable. Even our modern-day hospice movement emerges from religious roots. There is a long Christian tradition of caring for the sick and the dying.

The sacraments of baptism and communion also became significant in how they portray human death and the new life we receive in Christ. In these sacraments we have a means of gospel proclamation and ritual support arise very early within Christianity and clearly

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38. This is in contrast to how Dionysius reports “the heathen” responded to the spreading sickness and death: “The heathen behaved in the very opposite way [of the Christians]. At the first onset of the disease they push the sufferers away and fled from their dearest, throwing them into the roads before they were dead and treated unburied corpses as dirt, hoping thereby to avert the spreading contagion of the fatal disease.”

39. Benedict and Timothy Fry, *The Rule of St. Benedict in English*, 1st ed., Vintage Spiritual Classics (New York, NY: Vintage Books, 1998), 38-39.

40. Esther De Waal, *Living with Contradiction: An Introduction to Benedictine Spirituality* (Harrisburg, PA: Morehouse, 1997).

41. Examples of this are many. A recent catalog can be found at “Christian History Timeline: Healthcare and Hospitals in the Mission of the Church | Christian History Magazine,” Christian History Institute, accessed June 3, 2021, <https://christianhistoryinstitute.org/magazine/article/timeline-healthcare-and-hospitals>.

commanded and demonstrated by Jesus himself. Along with these sacraments of baptism and communion, the ritual tradition of Ash Wednesday is also a significant way the church rehearses the hope we have in Christ. It marks the beginning of the Lenten season of fasting. Though not a commanded ritual, the roots of Ash Wednesday can be connected back to the First Council of Nicaea (AD 325) or loosely traced back through the Old Testament. The practice entails having ashes placed upon the forehead and being reminded that we are made of dust and to dust we will one day return.<sup>42</sup> Essentially it is a reminder we will one day die and decay. Yet it is also encouragement to deny ourselves and practice our faith in an eternal Savior in light of our fragile and mortal bodies. This can have strong impact on reframing our faith in light of our eventual death.

Another significant consideration is the *ars moriendi* documents, which one book describes as the medieval Christian death manual. These manuals were woodcuts or ink-printed pages bound together so they could be circulated to the dying to help them approach the end of life with inspiration and encouragement.<sup>43</sup> Though the earliest copy is dated from the years 1450 to 1500, the *ars moriendi* tradition of documents is said to have been commonplace around the time the Black Death was ravaging Europe. These books could be used to facilitate hard conversations about life and death during the time of plagues. They were instructions and comfort for when there were not enough clergy available to visit all the sick and dying. These

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42. Kelly Givens, "What Is Ash Wednesday? Why Christians Celebrate It," January 12, 2022, Christianity.com, accessed February 11, 2022, <https://www.christianity.com/church/church-life/what-is-ash-wednesday-why-do-christians-celebrate-it.html>.

43. About three hundred copies remain ("*Ars Moriendi*," Library of Congress, accessed September 4, 2021, <https://www.loc.gov/item/49038880/>); these writings can be viewed online through the Library of Congress; see "*Ars Moriendi*," pdf, Library of Congress, accessed June 2, 2021, <https://www.loc.gov/resource/rbc0001.2009rosen0020/?st=gallery>. A collation of the manuscripts of the shorter Latin versions is also available. See Jeffrey Campbell, "*The Ars Moriendi*: An Examination, Translation, and Collation of the Manuscripts of the Shorter Latin Version," thesis, University of Ottawa (Canada), 1995, accessed September 4, 2021, <http://ruor.uottawa.ca/handle/10393/10313>.

texts also could have been used to preach from and to prepare for congregations instructions of what it means to be faithful to Christ even unto death. The writings show pairs of ideas; each thought has a vice or temptation in comparison with or contrast to the virtuous behavior related to it. (This aspect of the *ars moriendi* is discussed more fully in chapter 3.)

Other recent examples include the eighteenth-century hymn writer, Charles Wesley.<sup>44</sup> His view of death as a pilgrimage translated into his work as he wrote more than seventy hymns dedicated to comforting the bereaved at funerals. Also noteworthy is the theologian John Erskine of Scotland. His writings guided the faithful through an understanding of death with Christian hope. Nevertheless, he also saw the work of supporting the bereaved as essential.<sup>45</sup>

These writings are a prime historic example of Christians encouraging each other to live well and approach death with the confidence that their lives were held fast by their risen Savior Jesus Christ. Whether in life or in death, they would be faithful to minister and serve their true King.

There is a certainty to life and to death. Of course, there have been secular endeavors for social action to care for the sick and dying. And by themselves, they can do much good. But there are numerous places where care for the sick and dying emerges as a biblical priority. It is here that Christians demonstrate true care for the entirety of the person. Historically, Christians have followed the pattern of extending themselves to live life alongside those whose bodies and souls are broken. It is well stated at the beginning of the Heidelberg Catechism. Only the Christian can carefully and adequately handle and answer the question: “What is your only

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44. “Funeral Hymns (1759),” accessed February 7, 2022, [https://divinity.duke.edu/sites/divinity.duke.edu/files/documents/cswt/58\\_Funeral\\_Hymns\\_%281759%29.pdf](https://divinity.duke.edu/sites/divinity.duke.edu/files/documents/cswt/58_Funeral_Hymns_%281759%29.pdf). A note on the pdf says, “This document was produced by the Duke Center for Studies in the Wesleyan Tradition under the editorial direction of Randy L. Maddox, with the diligent assistance of Aileen F. Maddox. Last updated: January 12, 2021.”

45. John Erskine, *Letters Chiefly Written to Comfort Those Bereaved of Children and Friends* (Boston, MA: Munroe and Francis, 1810); first published in 1790.

comfort in life and death?”<sup>46</sup> The catechism does well to begin this way. It follows that reminding Christians of their mortality and equipping them to serve in these areas would be a natural area of discipleship, education, preparation, and development. Acknowledging our mortality and entrusting ourselves into the hands of our Creator coincides with our ability to minister in the face of death. This is especially true with the medicalization of death that has taken place over the last century. There are so many medical interventions available that it can be a confusing time to be sick and navigate medicine wisely as a Christian.

Following this theme, Moses asks God for wisdom in the endeavor of considering the length of his days in Psalm 90:12. This is a theme David repeats in Psalm 39:4 when he says, “O LORD, make me know my end and what is the measure of my days; let me know how fleeting I am!” A natural part of Christian discipleship should include considerations, discussions, and even preparations for one’s mortality. Essentially, this book provides a suitable discussion of this premise which is biblically grounded, theologically informed, and culturally aware. May God grant us wisdom as we seek to understand how to number our days and live wisely in light of death.

We gain a deeper appreciation of the kingdom of God when we understand the multifaceted purpose and function of death under God’s sovereign rule. This is the majestic biblical storyline. This is the end of all history. We need to understand the biblical storyline in order to understand how death and dying fit into the biblical worldview. We can appreciate the nuance and texture of how Jesus comes to bring us true life once we have identified the role that death plays within these categories of redemptive history.

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46. *The Heidelberg Catechism with Scripture Texts* (Grand Rapids, MI: CRC Publications, 1989), Question 1.

We are not the first to appreciate the worldview of Christian spirituality in efforts to properly interpret our world. There have been other pastoral voices for us to consider. We now turn to other works that seek to shed light on issues of living well in light of death.

## CHAPTER 3

### LITERATURE REVIEW

In Psalm 90, Moses praises God's character and work. Moses says in verse 12, "Teach us to number our days so that we may get a heart of wisdom." He is asking God to help him look squarely at his own frailty, his own vulnerability, and his own mortality. Moses asks for wisdom in his life as he considers the span of his days. He asks God to help him understand his life so that he might live wisely and well now. He is asking God for perspective. He wants to make good choices in light of his death. This is an especially poignant prayer for Moses, who was part of a generation of people mandated to live out the rest of their days in the wilderness (Num 14:20-35).

However, with his petition in verse 12, Moses reminds us also that we are made of dust and we will return to dust. Some people feel their frailty when they have a near-death experience or a terminal diagnosis that causes them to embrace living in new ways. An encounter like this can bear unexpected fruit, such as self-reflection and reevaluation of life on this side of eternity. There can be spiritual lessons in considering life in the shadow of death. In a similar vein to Moses, who asked for wisdom in considering death, perhaps those who encounter death can pray for wisdom to live well until they die.

One might say there is never a good time to think about dying. But for pastors and leaders in the church, the imperative falls to us to lead our people into deeper conversations. Some in the ministry have had little to no training in this area. They do not know what it means to face death in the manner of a Christian. The first death they encounter in their church may be the first time they look squarely at death and their own vulnerability and mortality. When those in ministry

have done little preparation in this area, supporting and training a congregation to live well and to die well can be lost in the busyness of ministry. It is the sober reality of looking at death that takes leaders deeper in our faith. That is the goal of this work: that your life and faith will find new depths of meaning and purpose as you think about death. This work should provide an opportunity for pastors and teachers to find good material to begin including this topic in their preaching and teaching. This will, in turn, enhance the spiritual formation of the congregation.

To give some perspective, Eugene Peterson, in the epilogue of *A Long Obedience in the Same Direction*, describes the process of discipleship as a slow movement of formation over time. He describes biblical discipleship and spiritual formation as occurring slowly, imaginatively, prayerfully, and obediently.<sup>1</sup> Among other aspects of robust spiritual formation, considering death and dying needs to be a part of the discussion over time in the life of a congregation. This allows the issue to be processed and considered adequately.

All people feel the losses over time associated with aging. Aging itself is a form of loss: loss of control, loss of functions, loss of power, strength, mental capacity. Over the course of our years, the spiritual disciplines of detachment from the world and attachment to Jesus can be a powerful catalyst to aid our spiritual growth as we face age-related losses.<sup>2</sup> This also factors into the importance of rituals after the death of a loved one being so powerful and necessary to comfort the bereaved (these rituals will be discussed at greater length at the end of this chapter). We need to practice detachment and gratitude for our loved one while reminding ourselves our ultimate attachment is to the Lord.

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1. Eugene H. Peterson, *A Long Obedience in the Same Direction: Discipleship in an Instant Society*, 20th anniversary ed. (Downers Grove, IL: InterVarsity Press, 2000).

2. Adele Ahlberg Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us*, rev. and expanded ed. (Downers Grove, IL: InterVarsity Press, 2015), 95-100.

Everyone has a different life and faith journey. Living well in light of death is a complicated topic that requires different perspectives. Some writers might focus on the Christian use of medicine and on medical ethics. Others could focus solely on the issue of euthanasia. Some might focus on stories and experiences of a family member's end of life and grief counseling. Finally, some might focus only on biblical theology surrounding life and death. Still others provide a blended, nuanced approach to those topics.

But therein is the difficulty: every voice adds another consideration. In the cacophony of voices, there are certain significant categories of writing that prove instructive as Christians attempt to live well and seek to die well in Christ. The categories that will be considered in this chapter are personal reality, near-death considerations, pastoral responses to dying, resurrection culture, and medical ethics.

In the category of personal reality, we will look at the literature that reflects on what happens when death comes near. Within the category of near-death considerations, we will explore end-of-life phenomenon from a Christian perspective. Then we will consider the pastoral responses to dying. This literature includes how Christians have responded to the sick and dying throughout the history of the church. After this, we will look at what is called a resurrection culture. A resurrection culture includes the facets of gospel proclamation, caring ministry, end-of-life support, and ritual support for congregations. The final category for review is that of medical ethics, where we survey approaches to ethics at the end of life.



## **Personal Reality**

### **The Biblical Storyline**

In chapter 1 it was noted that the Christian has the advantage when living in light of death. This will be demonstrated in reflections on the testimony and personal stories shared from end-of-life experiences. Christians' spiritual theology sets us on a path of having our lives conformed to Christ in all we think, say, and do. There is no guarantee that life will be free of complicated issues. But the framework of the biblical storyline helps us to navigate suffering and death under the sovereign God. The gospel message proclaims final victory over sin, death, and the devil. Yet it is also meant to be present now. Though it is present now, it is not finally present now. Jesus stands and claims true victory by his triumph through the cross. In the times between redemption and consummation, we will experience pain, suffering, and death. This reality is one embraced by our Savior who died in our place to remove from us our eternal suffering. Timothy Keller reminds us of the uniqueness of this Christian doctrine when he says, "God is sovereign over suffering and yet, in teaching unique to the Christian faith among the major religions, God also made himself vulnerable and subject to suffering. The other side of the sovereignty of God is the suffering of God himself."<sup>3</sup> God does not merely empathize with our sufferings; he inserted himself into history through Jesus. God ordained and allowed Jesus' temporary suffering so he could prevent our eternal suffering.

We can face the sufferings of this fallen world only by entrusting ourselves to a faithful Creator. We reflect on the sacrifice of Jesus, our Savior who suffered in our place. We rely on God's love and the power of the Holy Spirit. We can rejoice in suffering because we know that through suffering God promises restoration. Through our personal suffering we draw closer to Christ. Through Christ's suffering we are saved from sin and death. Biblically formed

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3. Timothy Keller, *Walking with God through Pain and Suffering* (New York, NY: Dutton, 2013), 147.

spirituality, therefore, is Christ-centered. It centers on the Father's revealed truth, by the power of the Holy Spirit to form the life of Christ in us. True spirituality is Christian spirituality. God's revelation through Scripture is transformative over time and the only adequate standard for healthy flourishing of the spiritual life for the believer.

Perhaps the transformative work of God in the lives of his people is most evident in the early church. Tertullian said, "The blood of the martyrs is the seed of the church."<sup>4</sup> Those early Christians were being sought out to face public ridicule and elimination. But in facing death, the church spread as an act of God within history on account of its testimony. Some of those stories and experiences guide us today. Though their reality is much different than martyrdom, Christians who face disease can recall their experiences of God's faithfulness in the face of death. Their testimony can also empower the growth of the church. In recalling their stories they transmit their faith to us. The more our theology infuses our daily life and behavior, the more our lives will manifest the wholeness God has for us. In this way, we can attend to and prepare our souls for eternity with authenticity, humility, and even joy because of Jesus. These stories of faith remind us of Paul's words in 2 Corinthians 4:16: believers' bodies may waste away, yet they are sustained and face renewal day by day.

### A Divinely Ordered Process of Dying

There is a process to death. At the end of life the human body shuts itself down in predictable ways. We will explore *The Art of Dying*, by Rob Moll, in greater depth later in this chapter. But he describes the divinely ordered process of dying when he says, "Modern science

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4. Tertullian, "Apologeticum," accessed August 25, 2021, <https://www.tertullian.org/works/apologeticum.htm>.

teaches that in the process of dying . . . a body actually shuts itself down.”<sup>5</sup> This process, called “active dying,” is a transition our bodies inherently know how to do, and it can be understood with signs of the approach of death.<sup>6</sup> This shutdown process is confirmed by Kathryn Butler in *Between Life and Death*. However, John Wyatt describes this process more specifically in *Dying Well*.<sup>7</sup> Though Butler does not outline the process of active dying as specifically as Wyatt does, she acknowledges its presence and how the natural process can be interrupted with over-medicalized interventions. The process of death has changed from a smooth, natural, and gradual process into a complicated ordeal.<sup>8</sup>

Stages can be observed when looking at bodily changes that occur over the last year of life. This structure of the dying process reflects the beauty of God’s creation in the design of our physical bodies. In expanding on the dying process for his readers, Wyatt’s goal is to encourage communication in advance care planning. In this way, those who are moving through these stages have the benefit of planning ahead of their current health stage to prepare for whatever may lie around the bend. In this way people can make their end of life more suited to their family goals. He also includes an incredibly helpful primer for those who do not know where to begin in this area.<sup>9</sup>

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5. Rob Moll, *The Art of Dying: Living Fully into the Life to Come* (Downers Grove, IL: IVP Books, 2010), 61.

6. “Hospice Foundation of America—Signs of Approaching Death,” *Hospice Foundation of America*, accessed August 29, 2021, <https://hospicefoundation.org/Hospice-Care/Signs-of-Approaching-Death>.

7. John Wyatt, *Dying Well: Dying Faithfully* (London, England: Inter-Varsity Press, 2018), 77.

8. Kathryn Butler, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Wheaton, IL: Crossway, 2019), 25.

9. Wyatt, *Dying Well*, appendix 1, 128-42.

## A Personal End-of-Life Story

One memoir that is exemplary in how it weaves faith through the highs and lows of life and death is written by Steve Hayner (1948–2015) and co-authored by his wife, Sharol Hayner. It is entitled *Joy in the Journey*.<sup>10</sup> This memoir provides a strong account of God at work in their lives, which included illness. Steve had numerous advanced degrees and was an ordained minister of the Presbyterian Church (U.S.A.). This book serves as his memoir of the last year or so of his life, from the diagnosis of pancreatic cancer in Easter week of 2014 to his death at the end of January 2015. It includes his reflections on life and the labor of faith.

His memoir is arranged in the form of a spiritual journal.<sup>11</sup> Rather than structure their writing into themes or categories, Steve and Sharol orient the reader to their journey with God as it happens in time and space. This process is already at work in them and through them and will continue. This is fitting, as this is exactly how the mysterious, lifelong, faith-filled process of spiritual formation takes place.<sup>12</sup> Steve and Sharol reflect on how God is using their circumstances to comfort them, guide them, grow them, and refocus their priorities. God speaks to them in many ways. He works in them as they read and reflect on Scripture, as they weigh the heavy medical and family decisions before them, and as they engage in trusted Christian relationships. There is a stream-of-consciousness aspect to the writings, in which they include Bible verses and reflections of how God was at work in their family from diagnosis onward. The

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10. Stephen A. Hayner, *Joy in the Journey: Finding Abundance in the Shadow of Death* (Downers Grove, IL: InterVarsity Press, 2015). He is survived by his wife, Sharol, their three children, and five grandchildren.

11. For an introduction to this concept of spiritual journaling, see Richard Peace, *Spiritual Journaling: Recording Your Journey toward God: A Spiritual Formation Study Guide* (Colorado Springs, CO: NavPress, 1998).

12. Dave Currie has described Christian spiritual formation as the mysterious, lifelong, faith-filled process of the Holy Spirit transforming the whole person into the loving likeness of Christ to the glory of the Father as informed by the whole Word of God, in relationship with the whole people of God to fulfill the whole mission of God. See Gordon L. Isaac and Eckhard J. Schnabel, *Reformation Celebration: The Significance of Scripture, Grace, Faith, and Christ* (Peabody, MA: Hendrickson, 2018), 51.

reflections include their honest wrestling with God in peaks and valleys alike. The memoir includes letters and prayers from close friends and family. There is a moment-by-moment reflection of his journey as Steve looks to God in light of his present sufferings. It includes his life reflections and evaluation of his life.<sup>13</sup>

This is the beauty of his writing: how his thoughts are profoundly simple and honest and deep. Matthew McCullough's *Remember Death* describes how the tension between two points orients us toward the gospel. In order to understand the gospel message, one needs to consider the futility in life demonstrated by work, pleasure, and wealth which never satisfy the soul.<sup>14</sup> Hayner processes the good gifts of work, pleasure, and wealth. He is grateful for these good gifts, but he is also aware they were never meant to satisfy ultimately. There is always a greater destination beyond these good gifts. The hope beyond these gifts is a risen Savior to glorify and enjoy forever.

The timing of Steve's prognosis and treatment runs through the Christmas season. There are prayers and thoughts about his sufferings and the waiting and expectant Jesus. Steve reflects on Christmas carols and hymns of the season as he waits for the Advent of Christ in the manger and when Steve enters eternity through death to see Jesus face to face.<sup>15</sup> He faces losses of health, ability, and pleasures,<sup>16</sup> and he holds his impermanence as a spiritual discipline.<sup>17</sup> As the new year dawned, he entered hospice care for the last month of his life. Sharol reports in her

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13. Hayner, *Joy in the Journey*, 105-8.

14. Matthew McCullough, *Remember Death: The Surprising Path to Living Hope* (Wheaton, IL: Crossway, 2018), 85-115.

15. Hayner, *Joy in the Journey*, 109-21.

16. Hayner, *Joy in the Journey*. This is a theme threaded through his book. For example, consider pages 99-100.

17. McCullough, *Remember Death*, 120-27.

January 30 entry that Steve experienced a commonly reported change in appetite and began eating only ice chips. Some people experience a final surge of energy or mental clarity called terminal lucidity as they near death. Steve's energy surge came while family and friends surrounded him like a vigil just before his death on January 31 at their home in Georgia. Sharol begins her journal entry for January 31, "Steve's life was swallowed up by Life this afternoon. Steve is in God's forgiving arms of grace and the healing heart of God."<sup>18</sup> Just a few months earlier, Steve considered Paul's description of entering eternal life in 2 Corinthians 5:4. He prepared with expectant hope this spectacular final conversion of his life being swallowed up by Life.<sup>19</sup>

After Steve's death, Sharol continues to write, reflect, and pray through her grief and loss. She writes about God in the midst of her heavy emotions of loss. There are letters of reflection at the end from his children acknowledging their grief, his legacy of love, and his testimony of Christ at work in their family. There is a heavy and terrible beauty to these words when they are penned by the loved ones who grieve the loss. Similarly, consider the afterword of the 2021 release of *The Art of Dying*, written by Clarissa Moll, widow of Rob Moll, who died in a tragic hiking accident in 2019. She recounts the experience of hearing the news of her husband's death while their four children played in the yard. She recalls their last goodbye and her grief that still lingers. She was left reeling with the news of his death and honestly shares the endurance of the pain of his death and the process of her faith and healing in the midst of her grief journey.

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18. Hayner, *Joy in the Journey*, 130-31.

19. Hayner, *Joy in the Journey*, 87.

## Near-Death Considerations

### End-of-Life Phenomena

The book *Final Gifts* continues to be exemplary in providing education about end-of-life phenomena as one approaches the active dying phase.<sup>20</sup> The presence of these phenomena is important to recognize because this is a common experience for Christians and non-Christians alike. The most common end-of-life experiences are preparing for a journey, seeing people and places, and knowing when death will come. These signs that someone's life is drawing to a close are sometimes called near-death experiences. The dying person can perceive and describe these sensations as what is commonly called near-death awareness. This experience occurs outside of what the family can perceive. These experiences can be disorienting for a family unless they are aware of their normal and probable occurrence at the end of life. Interestingly, Matthew McCullough describes a similar sensation when he describes "death awareness." But McCullough is not describing sensations outside of perceivable reality. He uses this term to describe the Bible's illuminating power of keeping death before our eyes. He even goes on to say the Bible defines this death awareness as a spiritual discipline that impacts how we live today.<sup>21</sup> He says he is not writing to give practical advice on how to face death. Both statements are in line with the goals of this work.<sup>22</sup>

First among the experiences that Maggie Callahan and Patricia Kelley describe is preparing for a journey. In this experience, indicative of the journey into death, the dying person

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20. Maggie Callahan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York, NY: Simon & Schuster, 1992).

21. McCullough, *Remember Death*, 20-21.

22. McCullough, *Remember Death*, 22.

begins to speak directly or euphemistically by using travel language. People speak of packing suitcases, getting tickets for a train, loading the van, or checking their maps.

The next categorization, seeing people and places, describes the experience in which the dying person begins seeing or interacting with a person that no one else in the room can see. This is similar to someone having an ability to see a place no one else in the room can see. The place can be a physical place on earth or outside of reality. Typically these experiences are described with a matter-of-fact affect and cause no distress to the person who describes them. Some say these are hallucinations and memories caused by chemical changes in the brain.

The third experience, knowing when death will come, is one in which the dying person exhibits knowledge of the time or date of death. The time of death can be predictive, such as “I won’t be here tomorrow.” Another example can be an appointment to meet with a predeceased person: “I’ll be seeing my dad tomorrow.”

### Viewing Final Gifts from a Christian Framework

Everyone is unique, so the power in this analysis is the statistical approach to these issues that are common as people move toward the end of life. The statistical occurrence and presence of these experiences lend credence to God’s design in all humanity. Therefore, whatever unknown physical or spiritual process of dying occurs within the body generates conditions where these are experienced. Within a Christian framework, the presence of these final gifts does not contradict Scripture or Christian spirituality. We are not given much if any descriptive detail about these occurrences in Scripture, which is why the framework in the previous chapter becomes so important. One can accurately reflect on these experiences only by using the biblical framework. These personal experiences need to be shared, but when we strive to understand



them they need not be unmoored from a theological foundation. The Bible says little about these issues, so it is important to take them in the context of a Christian worldview.

Discussing the topic of spirituality in dying is provocative and vital for the church today. We are embedded within a culture flooded with various spiritualities. Perusing New Age or self-help books leads to a myriad of different conclusions about the meaning of death. The Christian worships God, who is Father, Son, and Holy Spirit and who has revealed himself through Scripture. It is only through this framework that true spiritual formation can take place. It can be challenging to verify these unique experiences at the end of someone's life. This is especially true for experiences that reflect the supernatural. It is important to say here that we can attest to someone's experiences as truly their experiences without attesting that the experiences reflect supernatural and divine revelation. Obviously pastors and families want to reflect biblically on these experiences, but when caring for the dying, it may be more important to listen to the story rather than to critique the theological acuity of the person or their experience.

### **Pastoral Responses to Dying**

We have already substantially covered the biblical foundations for understanding death and dying. Therefore, this section will not be oriented to describing death theologically but instead will look at how the church speaks theologically about the experience of dying. The Christian's death is informed by the testimony of Scripture and conformed to the life of Christ. This pastoral task has been undertaken by numerous pastors throughout previous generations. These often short treatises are pastoral letters that share the experiences of the writer, offer comfort, and advise the readers how to live well in light of the gospel.<sup>23</sup>

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23. Consider the many examples of pastoral letters which follow the era just after the Black Death ravaged Europe: "Sermon on Preparing to Die," Martin Luther; "Dying Thoughts," Richard Baxter (relatively short

The ars moriendi tradition of documents, referenced in chapter 2, became commonplace in the medieval period when the Black Death was ravaging Europe. These writings were used to instruct the church in what it meant to mature in Christ-likeness and to die in Christ. These medieval letters were written to encourage people to think about living well and ultimately to die well. The teaching material is oriented through images and predates the printing press and widespread literacy by many years. Though these writings became widely distributed due to the plague, that was not the sole ground of their value, as Moll points out: “The ars moriendi tradition blossomed . . . because Christian tradition asserted that the death of a follower of Christ was to be different from those who die without faith. This life is only the prelude to an eternal life with Christ.”<sup>24</sup> The essence of this theological hope was captured in word and image through these documents. In the documents, the final scene is the death of the sick person.

These books were woodcuts or ink-printed and susceptible to decay—the material itself functions to remind us of our own eventual decay and death. The medium and the message coincide. The writings display pairs of thoughts, and each image has a vice or temptation in comparison with or in contrast to the virtuous behavior related to it.

Wyatt explains and outlines this tradition in *Dying Well*.<sup>25</sup> He uses the structure of these writings to organize his own thoughts about dying well. In chapter 4, he includes a discussion of each vice-virtue pair:<sup>26</sup>

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compared with his volume *The Saint's Everlasting Rest*); “Dying Daily,” John Owen; “Dying Sayings,” John Bunyan; “The Art of Dying Well,” Robert Bellarmine. Nancy Lee Beaty calls Jeremy Taylor’s *Holy Dying* the “artistic climax” of the legacy begun with the ars moriendi documents of the fifteenth century. See Nancy Lee Beaty, *The Craft of Dying: A Study in the Literary Tradition of the Ars Moriendi in England*, Yale Studies in English 175 (New Haven, CT: Yale University Press, 1970).

24. Moll, *The Art of Dying*, 56.

25. Wyatt, *Dying Well*, 40-76.

26. Wyatt, *Dying Well*, 40.

The temptation of doubt and the virtue of faith

The temptation of despair and the virtue of hope

The temptation of impatience and the virtue of love

The temptation of pride and the virtue of humility

The temptation of greed and the virtue of letting go

Wyatt includes his own medical training and experience when he adds two additional couplets that Christians today are prone to embrace:

The temptation of denial of death and the virtue of acceptance

The temptation of self-reliance and the virtue of dependence

Wyatt suggests addressing these seven pairs in our own lives as a checklist of our hearts. Just as a pilot may run through a to-do list before take-off, so too could we use this life to look at ourselves before the ultimate take-off into eternity. In this way, we can be attentive to any areas of growth needed in our spiritual lives. We will take a brief look at each pair to better understand them.

*The temptation of doubt and the virtue of faith.* Doubt is a temptation because it can be such a challenge to speak with others about death. It is hard to express deep thoughts and fears. This is true of life and for our faith. The virtue in response to this doubt is honesty with self and with others. In a community where doubt is shared, belief can also be strengthened.

*The temptation of despair and the virtue of hope.* The temptation of despair often comes personalized to the specific sins of the person. Despair was often depicted in the ars moriendi as little demons that indicated some kind of sin and unworthiness in the life of the one dying. The

virtue was often depicted as angelic messengers highlighting biblical characters who repented and received forgiveness based on the forgiveness that comes through the cross of Christ.

*The temptation of impatience and the virtue of love.* The temptation is to focus on ourselves and exclude the needs of others. Wyatt concludes a better English word here would be “selfishness.” The virtue would be to grow in love and remind ourselves of our need for others.

*The temptation of pride and the virtue of humility.* The temptation of pride is depicted in one image of a demon figure offering the dying man a crown to glory in achievement. The response to pride would be the virtue of humility. Humility is not to denigrate oneself but to assess oneself with honesty about our human condition.

*The temptation of greed and the virtue of letting go.* The last temptation is greed toward pleasures or possessions. The virtue in response to this greed focuses on the humility of Christ, who surrendered his glory for us in order to be born of a virgin to be our shepherd and King.

These are the original five temptations and virtues, to which Wyatt adds two additional temptations.

*The temptation of denial of death and the virtue of acceptance.* This is a common temptation and significant within the medicine as well. Medicine can become a form of idolatry that denies the reality of dying or even purports to conquer death indefinitely. The virtue associated with this is not a blind acceptance of death. Wyatt indicates that this virtue is a positive act of faith in the goodness of God and active reliance on his real presence in all things with his people.

*The temptation of self-reliance and the virtue of dependence.* The temptation of self-reliance is related to the illusion that we have autonomy over ourselves and our community. Dependence appears threatening or even dehumanizing. The virtue here practices dependence in

healthy ways as we actively attempt to support each other and “bear one another’s burdens, and so fulfill the law of Christ” (Gal 6:2).

Wyatt robustly demonstrates the connection between corresponding temptations and virtues. He encourages a biblical understanding of how we may grow toward hope at the end of life and into eternity.

McCullough identifies the *ars moriendi* tradition only through a footnote and does not delve into its significance in detail because his work is not geared toward those facing imminent death. He does, however, note its important legacy and hope to identify new books that follow in that same path.<sup>27</sup> He identifies instead the tradition of *memento mori*, whereby a Christian can presently remember death and think over the implications of dying. The similar goal would be to live life well in the meantime. This would be distinct from the *ars moriendi* tradition, which has the goal of instructing people about a faithful death. Though these are described as distinct goals, they may be more closely related than McCullough realizes. They may differ only by the known presence of disease or death. This is a transient ledge to stand on because our health condition can change at any time. Perhaps this is an outworking of what Wyatt is indicating when he defines the new, sixth vice-virtue pair as “the temptation of denial of death and the virtue of acceptance.” This writer would contend that these two goals of McCullough are part and parcel of a good end-of-life preparation. Though Moll does not go into as much detail as Wyatt, he does focus on the impact this tradition had on preparing believers toward hope in Christ as they lived and died. Moll writes, “The prospect of death focuses the mind on our priorities. So good death naturally followed good lives. Dying was too terrible an event to face unprepared, but a lifetime

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27. McCullough, *Remember Death*, 21-22.

of Christian living helped to get one ready.”<sup>28</sup> It is important to remember death daily because this provides the conditions by which Christians can live well and approach death well.

McCullough’s *Remember Death* may not delve into the ars moriendi tradition, but surprisingly, the structure of his book is arranged in four pairs of problems and promises. This parallels the vice-virtue pairs in the ars moriendi. Even though his work does not provide an in-depth look at the ars moriendi, somehow it manages to resemble it. His writing is still an incredible pastoral resource, and this writer would highly recommend it. He pulls in characteristics of this conversation that directly relate to how the gospel forms the Christian life.

McCullough’s chapters give teaching which could easily be adapted into a sermon series used for teaching and preaching within a church community. Each chapter offers structure as to how the gospel impacts broken aspects of human life. His answer to these problems is the promises of God in the midst of our brokenness. All of these chapters highlight different details of life in our world, idols we may embrace, and cultural phenomena we have adopted into our Christianity without proper evaluations. He also provides excellent content for funeral sermons or for studies within a congregation to begin the conversations in gentle yet straightforward ways.<sup>29</sup>

One area where McCullough excels beyond other books is how he addresses facets of the conversation directly related to attitudes of life and medicine that are common in America. These main areas he discusses are identity, futility, loss, and life. He identifies the problem of identity and responds with the promise of our union with Christ. McCullough shares that our importance in this world is scarred by the Fall. The biblical response is the restoration of a gospel identity

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28. Moll, *The Art of Dying*, 58.

29. For example, the arrangement of his chapters is “The Problem of Loss and the Promise of Eternal Life” (4), “The Problems of Life and the Promise of Glory” (5), and finally “Grieve in Hope” (6). McCullough, *Remember Death*.

through adoption and justification. Jesus declares my worth when he lays down his life for me. When McCullough shares the problem of our futility he offers the biblical promise of purpose. Like the writer of Ecclesiastes, we may recognize the futility of work, pleasure, and wealth in human life. We can counteract this desperation by focusing not on temporal destinations but by locking to an eternal destination. Since the resurrection of Jesus is fixed in time, then we can experience meaning and purpose in our temporary lives by living for a kingdom outside of time. When McCullough shares the problem of loss, the response is the promise of eternal life. When life draws to a close, we cannot take anything with us. This profound reality acquaints us with the temporal losses that fill our lives. We can train ourselves to pay attention to moments of eternity. He says death makes loss normal, universal, and inescapable.<sup>30</sup> This is similar to the Stephen Ministries description of the “three Ns of grief” that says grief is normal, natural, and necessary.<sup>31</sup>

The hope for loss is that God will give us more of the eternal until he swallows up death forever, as discussed in Isaiah 25 and John 6. Finally, the problem of life is contrasted with the exceedingly different promised eternal glory with God. When we consider life eternal, it has to be a different kind of existence than the life we experience now. For those in Christ, death is certain. For those in Christ, hope is certain. Awareness of death is not a morbid approach to the world; it is the only engagement in the world that does not lead to despair and idolatry of what does not satisfy. Thus the conclusion for McCullough is that awareness of death is the baseline for life in this world.<sup>32</sup>

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30. McCullough, *Remember Death*, 127.

31. “A Time to Grieve: Journeying through Grief—Book 1,” Stephen Ministries, accessed November 15, 2021, <https://www.stephenministries.org/griefresources/default.cfm/764>.

32. McCullough, *Remember Death*, 166.

## Resurrection Culture

This section derives from the chapter in Moll's *The Art of Dying* entitled "A Culture of Resurrection." Moll says, "A culture of resurrection takes the lessons of dying well and the hope of new life in Christ and applies them throughout the life of the Christian and in the body of the church."<sup>33</sup> He goes on to say that care for the dying can be taught in numerous ways in the life of a church, whether that be in sermons, Sunday school lessons, small group fellowship, or deeper biblical study. This becomes a discipline for all in the church, and the lessons learned can benefit all those who participate. Candidly, he admits that his experience of caring for the dying has helped him to take more joy in his relationships with his wife and children along with friends and family. He describes the quality of these relationships as the measure of his life because God is at work in him and has placed him in these relationships.<sup>34</sup>

The importance of community is evident when looking at literature written about living well in light of death. Living in a community where death is part of the conversation can affect our understanding of the gospel. We collectively understand our hope in Christ when our mortality is an acknowledged reality. Christians should be creating a community where support at the end of life is a part of the normal Christian experience. The resounding motivation of God in Scripture is to build and establish a family. It is normative that the dying would be included in this community. Perhaps it is especially the dying within a community who would be cherished in this family since their time to see the Lord face to face has come within arm's reach. A resurrection culture embraces kingdom hope that is present in this life and will be evident by many characteristics. Four facets that are essential within a resurrection culture are gospel proclamation, caring ministry, end-of-life support, and ritual support.

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33. Moll, *The Art of Dying*, 160.

34. Moll, *The Art of Dying*, 161-62.



## Gospel Proclamation

The proclamation of the gospel message is essential for a community to form a strongly biblical worldview. With a robust biblical understanding, a community will properly understand and value life and death and place their hope in the resurrection of the dead. Many of the texts we have looked at so far offer ample opportunities to discuss gospel issues.

Recall how Dennis Hollinger (see chapter 2) framed the biblical storyline in the fourfold categories of creation, fall, redemption, and consummation.<sup>35</sup> These four movements in biblical history assist our understanding of the biblical storyline. The strength offered by this framework is that it highlights the “already” and the “not yet” presence of God’s kingdom.<sup>36</sup> Scripture describes a good created world laden by the curse of sin and death, but God offered up his Son Jesus, who triumphed over the curse of death through his resurrection and is now seated at the right hand of God.<sup>37</sup> The fallenness of the world confirms the real presence of evil, sin, and death. However, the victory and resurrection of Christ means we can live within this fallen world with an expectation of the future return of Christ for the final, restorative movement of history in which death no longer has a home.

Another form of gospel proclamation occurs in McCullough’s *Remember Death*. We discussed earlier how McCullough structures his presentation as a form of tension between various problems in this fallen world and the promise offered in the Bible which functions as a response to these problems. More specifically than we discussed above, his chapters are “The Problem of Identity and the Promise of Union with Christ,” “The Problem of Futility and the

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35. Dennis P. Hollinger, *Choosing the Good: Christian Ethics in a Complex World* (Grand Rapids, MI: Baker Academic, 2002), chap. 3, 61-88.

36. Hollinger, *Choosing the Good*, 85.

37. Ephesians 1:20.

Promise of Purpose,” “The Problem of Loss and the Promise of Eternal Life,” “The Problems of Life and the Promise of Glory,” and finally “Grieve in Hope.” His arrangement could easily be adapted into a sermon series because each chapter offers structure as to how the gospel impacts broken aspects of human life and the promises of God in the midst of our brokenness. True identity is found only when we are bound to Christ. True meaning in life is found only when we align our life purpose with the gospel. The loss of our earthly life can make sense only in light of an inheritance which cannot be lost. Our lives will not have meaning by themselves, but within a redeemed community of God’s making. McCullough’s final chapter of a hope-filled grief has more momentum because of the multitude of ways he has supported the problems of life with the promises of Scripture.

Along with proclaiming the gospel message to a congregation about the biblical foundations of living well and dying well, pastors can also introduce education in other areas. Education can include proclaiming the gospel and then considering our lives within the church community. Sometimes this kind of preparation for end-of-life decisions is called advance care planning. Wyatt describes the goal of advance care planning, which is to clarify wishes, needs, and preferences for the days ahead.<sup>38</sup> He recommends starting the conversation early in order to avoid the myth that there is a right way or wrong way to begin this conversation. Though some ways may be better than others, it is important to give space to those within our flock who are already wrestling with these concerns. These concerns and burdens are best shouldered within a community that can assist in processing those deep issues of the heart. Kathryn Butler agrees with Wyatt and describes advance care planning with our eyes on heaven as a form of

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38. Wyatt, *Dying Well*, 132.

stewardship, an ongoing conversation within a redeemed community, and an avenue of worship.<sup>39</sup>

Moll engages this planning topic with several clarifying questions to get a common understanding of diagnosis, prognosis, treatments, and treatment complications. He calls this chapter and this process “The Hardest Conversation You’ll Ever Have.”<sup>40</sup> The goal, he says, is to have the conversation early and often because we want our last days to reflect our life and values. Other forms of advance care planning come in Butler’s work where she describes the more technical concerns: health care proxy, physician orders for life-sustaining treatment (POLST), and living wills. This varies from state to state, so being familiar with local laws and policies can guide the educational content.<sup>41</sup> Butler then turns to the more intimate end-of-life work where she describes reflection on life (commonly called “life review”). Wyatt picks up this thread as well, but he calls this a legacy of memories.<sup>42</sup> He also guides the deep conversations by recommending we go through the process of saying goodbye with some suggested meaningful phrases. Wyatt utilizes what Ira Byock calls “The Four Most Important Things” to talk about at life’s end.<sup>43</sup> Byock identifies these final thoughts as “Please forgive me,” “I forgive you,” “Thank you,” and “I love you.” Wyatt commends additional thoughts for the Christian, such as “I’m praying for you,” “I forgive you, and God forgives you through the death of Christ,” “Is

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39. Butler, *Between Life and Death*, 152.

40. Moll, *The Art of Dying*, chap. 6.

41. For instance, “Connecticut’s Living Will Laws,” *CT.Gov – Connecticut’s Official State Website*, accessed October 14, 2021, <https://portal.ct.gov/AG/Health-Issues/Connecticuts-Living-Will-Laws>.

42. Wyatt, *Dying Well*, 139-40.

43. Ira Byock, *The Four Things That Matter Most: A Book about Living*, 10th anniversary ed. (New York, NY: Atria Books, 2014).

there anything else you would like to say,” “I will walk with you,” and “we will meet again.”<sup>44</sup>

Butler’s work is gospel-centered, and she includes precepts of Scripture which guide her considerations of autonomy and suffering.<sup>45</sup> Butler’s book is also an incredible resource for beginning these conversations. She includes multiple lists of considerations and conversation starters and because of this her book functions as a highly valuable workbook a pastor could use to begin these discussions in a church community.

### Caring Ministry

In the previous chapter we discussed how and why Christians led the charge to care for the sick and dying as a biblical priority. A majority of books that cover the topic of living and dying well from a biblical perspective explored the necessity of a vital caring ministry in the life of the church. Where the gospel is proclaimed a community will see the connection between how we love God and how we love our neighbor. This is a natural progression in generating a caring ministry in the life of the church as we grow in knowledge and respond in faith.

There are a few factors to consider in understanding the role of a caring ministry in a resurrection culture. We can practice caring for the dying by being physically present with them. Often this is called a ministry of presence. Wyatt describes how our physical presence with the dying conveys God’s love and God’s presence with them as well. He says, “People who are dying need to feel God’s love expressed in physical form. Because we are human beings, we need human contact.”<sup>46</sup>

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44. Wyatt, *Dying Well*, 141-42.

45. Butler, *Between Life and Death*, 157-60.

46. Wyatt, *Dying Well*, 135.

A good death requires more than just the medical care we initially consider when we picture caring for the dying. Moll highlights the importance of this as a ministry in the life of a church. He says, “Receiving and giving spiritual care in the midst of a congregation is essential to dying well.”<sup>47</sup> Moll describes good care for the dying as including attention to the details of life and relationships of those close to us. He calls for mending or completing relationships, nurture of the faith, and hearing stories from the dying person that need to be told. All these interventions of care require a community to be present and attentive to the dying person.

When one nears the end of life, companionship for that leg of the journey becomes all the more necessary. Sharol Hayner indicated how her family relied on their community of people. Those they knew and loved rallied around them in their need. She thanked them for their prayers and blessings, for their encouragement, for gifts, for food provided, and for the seminary community at large.<sup>48</sup> Moll concludes that the community that surrounds the dying person is crucial, and he calls this type of caring ministry essential to completing life.<sup>49</sup> When Steve Hayner was in his final transition toward death, his seminary community gathered to pray for Steve and his family, read Scripture, read poetry, and sing. Though they were not at the bedside, they were a supportive Christian community. Even in his decline, Steve was sending text messages to friends in the seminary community.<sup>50</sup> While this support was going on, Steve’s family gathered and sat with him, said their goodbyes, shared stories, laughed, cried, and were open to the many details of his end-of-life transition. Both elements were essential in helping

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47. Moll, *The Art of Dying*, 147.

48. Hayner, *Joy in the Journey*. See journal entries on pages 68-71, for instance.

49. Moll, *The Art of Dying*, 100-101.

50. Hayner, *Joy in the Journey*, 127.

Steve die well. Sharol even admits that Steve was ready emotionally and spiritually to die before his body was ready to let go.<sup>51</sup> This is a testament to their attentive preparation in the process.

Historically, Christians have followed the pattern of extending themselves to intervene and come alongside those whose bodies and souls are broken. This heroic response to the kingdom of God was attractive and influential in an unbelieving world. Moll summarizes how the Christian response affected the faithful community within history: “Care for the sick and dying attracted millions into the new Christian community, and the time is ready for Christians to offer the same love and care today.”<sup>52</sup> Christians remembered that their lives were crucified with Christ, and their new life would be cruciform in nature.<sup>53</sup> Their calling would be to live to serve God by caring for the least of these. Christians are encouraged to carry each other’s burdens and in this way fulfill the law of Christ.<sup>54</sup>

### End-of-Life Support

End-of-life support differs only slightly from the previous category of caring ministry. The difference is that in end-of-life support we also consider the family of the dying person and support for the family after death. One of the requirements of hospice support is that bereavement services offer ongoing support for the family system.<sup>55</sup> Though bereavement services vary, many provide some kind of active support through the first year following the

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51. Hayner, *Joy in the Journey*, 128.

52. Moll, *The Art of Dying*, 158.

53. Galatians 2:20.

54. Galatians 6:2.

55. Centers for Medicare & Medicaid Services, HHS, accessed November 11, 2021, <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec418-64.pdf>.

death. This is an excellent characteristic of hospice support because it provides the continual presence and support in the midst of loss.

There is not a single ministry in the life of a church that will fill this need. Support at the end of life takes many shapes and sizes, just as all congregations come in all shapes and sizes. End-of-life support provides support at the time of the death and extends into the future. For example, we mentioned Death Café in chapter 1.<sup>56</sup> Death Cafés provide support and listening in group format. No one person acts as a problem solver, but the process of the group discussion supports deep listening and the sharing of ideas. Though they do not have a biblical focus, some groups do have themes and can meet in religious settings. So while they do provide an open-space support group, they do not allow for true Christian spiritual formation in light of death. However, this secular model is highly adaptable for use in Christian circles.

There is also a growing movement of support for the dying person and their family called being a death doula.<sup>57</sup> Though this process is newer and the training for death doulas varies, Henry Fersko-Weiss's book offers a robust approach to end-of-life support for the sick person and their family. Much as pregnancy ends in labor as a baby enters the world, so a death doula provides support for the process of laboring toward death to leave the world. Doulas support the natural death process as it occurs. They also can act as lay counselors after the death for family and friends. A church could employ one or more of the principles described by Fersko-Weiss. The benefits of this approach include a point person to organize near-death vigils, arrange music at the bedside of the dying person or food delivery for the family, and give guidance about funeral homes or obituary writing, among other things. There is much that could help a death

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56. "Welcome to Death Café," Death Café, accessed March 9, 2021, <https://deathcafe.com/>.

57. Henry Fersko-Weiss, *Caring for the Dying: The Doula Approach to a Meaningful Death* (Newburyport, MA: Conari Press, 2017).

vigil ministry like this grow, but caution must be maintained as Fersko-Weiss's approach has a decidedly Eastern spirituality in support of the process of dying.

But one established and well-developed program, with a wonderful reputation, is Stephen Ministry. This ministry offers high-quality, one-to-one, Christ-centered care to people in the congregation and the community experiencing life difficulties.<sup>58</sup> It does not specifically focus on life and death-related losses, but the model of providing process-oriented care works well in this area. As a companionship-based care ministry, Stephen Ministries could offer support to the sick person or to the family after the point of loss.<sup>59</sup>

Stephen Ministries is highly successful at what it does for a few reasons. First, it trains Christians to think theologically about life and their faith and the need to respond practically and thoughtfully to their neighbor. Second, it promotes emotional maturity in its training. Self-reflection on who we are and what we have cherished over our lifetimes is essential. Otherwise, when we are with those who are hurting, we will get caught in the net of our own pain rather than being attentive to their story and their pain. McCullough would agree with this and adds that death exposes the flimsiness of whatever is not of God that we sometimes rely upon to give our lives substance.<sup>60</sup> Third, the caregivers provide one-to-one support to focus on living with another person in Christ-centered ways. A necessary ingredient in providing good care for those who suffer is providing good care for those left behind after a death. In some sense, this echoes the booklet by John Erskine. His booklet comforts the bereaved and enables community support to engage faithfully together in theological understanding of a loss, emotional awareness, and

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58. "What Is Stephen Ministry?", Stephen Ministries, accessed October 14, 2021, <https://www.stephenministries.org/stephenministry/default.cfm/917?fql=1>.

59. "Stephen Ministries," accessed October 14, 2021, <https://www.stephenministries.org/default.cfm>.

60. McCullough, *Remember Death*, 99.



companionship. Thus to be a companion for the sick and the grieving requires comforting the family and loved ones after the loss. Finally, the caregivers receive support themselves through ongoing development and training. The danger for those caring for the dying or grieving person is that caring can be uncomfortable, awkward, or bring up difficult secondary emotions. Death and loss are not contagious. Both caregiver and care receiver are supported as they think about life, loss, and faith in light of the kingdom of God. Relationships are developed along with emotional maturity and resilience in the midst of the support process.

Companionship through all ages and walks of life is essential. The blessing of a caring relationship experience can go both ways to the caregiver and to the care receiver (to borrow Stephen Ministry language). When someone shares a life experience, it can be used for empathy and providing good discussion in helping a care receiver. It is not essential that the pair be in the same life stage or age at the same time. Moll describes caring relationships as a blessing of intergenerational learning and giving the opportunity for intergenerational respect. Aging, then, can be viewed as an accomplishment of faithfulness through the years.<sup>61</sup> Through Stephen Ministries, God can speak through the experience of the wise in a congregation to influence those in younger stages of formation.

### Ritual Support

After the death of a loved one, it can be hard to know how to move forward with one's life. Now consider the myriad of choices that need to be made for autopsy, organ donation, cremation or embalming, funeral or graveside service, obituary, legal fees or other costs. It is easy to feel overwhelmed in the midst of this raw time of grief. In fact, Moll says the many funeral options available are symptomatic of the commercialization of the process. Funerals are

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61. Moll, *The Art of Dying*, 151.

growing businesses. Many of the wares and services can be quite expensive. There is nothing inherently wrong with the many choices available at a funeral home, but when consumerism bleeds into the funeral business, funeral homes can act as purveyors of grieving paraphernalia or even as end-of-life party planners. Moll says that the commercialization of the funeral process hinders the religious aspects of the ritual.<sup>62</sup> McCullough emphasizes a similar thought when he describes all the luxurious options available for the care and keeping of the deceased person. We can place the dead person in soft clothes, on a soft mattress, and with flawless makeup to comfort us with the thought that they are experiencing this posh treatment and are grateful for our care. Yet, he points out, these many options do not benefit the dead person. By and large, they reflect our denial of the realities of death, a trend which is only recently developing with the modern funeral parlor movement. McCullough describes how over the course of the last century, a thousand years of experience in caring for the dead has been supplanted by this recent omission of death.<sup>63</sup>

Churches can step in to assist the family in the organization of end-of-life rituals for the one who died. Though many commercial options are available for Christian funerals, the essential structure and function should be shaped by Christianity. End-of-life rituals can be biblically framed through Scripture as understood by the church through time. The Christian liturgy in a funeral service will differ from a funeral within a purely secular setting. The difference might be the central focus of the two services. Where a purely secular service is focused around the deceased, a religious ceremony focuses around God. A secular setting will talk about the accomplishments or positive qualities embodied over the course of a lifetime. But more robustly, a Christian service will add the focus on God's work evidenced in this person's

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62. Moll, *The Art of Dying*, 121-23.

63. McCullough, *Remember Death*, 40-43.

life to bring them new life, to grow them in Christ-likeness, and join them into God's family and into God's eternal kingdom. As an example of this, consider the plethora of hymns put forth by Charles Wesley. The lyrics draw us to look at our life and loss in the context of the Christian hope in life and in death.<sup>64</sup> Even in our grieving rituals, we can focus around God's work in worship.

Moll adds that the community can accompany the dead person. They journey with them in support as they near death but also into activities after death. Moll reminds us that, upon death, the dead person has joined the eternal family of Christ.<sup>65</sup> Sometimes this is called joining the Christ Triumphant. The person who has died can be celebrated as much as mourned. The deceased has been joined into the kingdom of God in indescribable ways. This is how we can and should grieve, but as a people that have a transcendent hope after the grave.<sup>66</sup> A Christian funeral service is focused on God in worship. Moll specifically focuses on worship of God in connection to God's reign over sin and death. This act of worship allows for reconnecting a fractured community. In some instances, Moll describes this coming together for a funeral as another significant moment where we practice the fellowship within the community that Christians practice regularly. It uses this event to affirm the value of the individual in their own right and the individual within the web of relationships in a community. It is as if the church stops and collectively says, "He was important. His life was meaningful, and he will be dearly missed."<sup>67</sup>

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64. "Funeral Hymns (1759)."

65. Moll, *The Art of Dying*, 166-67.

66. 1 Thessalonians 4:13.

67. Moll, *The Art of Dying*, 124-26.

The Christian end-of-life rituals must orbit around God. This focus allows for grief, for worship, and for restoration toward healing in the community. This also allows a community to recognize their loss together and offer support to the hurting family. When a funeral service is constructed to have only the deceased person at the center (their life and accomplishments), the healing of the community and the ultimate comfort for the family will be incomplete.

McCullough highlights an example of how Christian funerals used to include numerous elements to encourage grieving and hope and community restoration.<sup>68</sup> Dying was a public experience. Many from near and far were invited to participate in this experience. This custom consisted of a moving communal procession journeying from home where the deceased person was with family. The procession would move to the church where a funeral service occurred. Then the group moved to the grave for interment. This was not a one hour service performed in a church building or at the graveside. It was a multisensory progression of community events that traveled to meaningful locations, times, postures, and expressions with the dead person within their midst. This allowed for a multifaceted and multistaged progression of saying goodbye. Moll concludes, “These physical actions embodied their grief and pointed them, in hope, to the day their beloved dead would rise again.”<sup>69</sup>

Enacting rituals like this into a community where it would be foreign could be challenging. But there are other ways churches can assist end-of-life rituals for the grieving family. After learning of a death, pastors or elders can express condolences to the family, of course, but also offer assistance planning the funeral or memorial service itself. Perhaps a structure can be shared that allows some personal contours from the life and faith of the deceased person to be included. These could be favorite Scriptures, songs, or readings. Having a structure

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68. McCullough, *Remember Death*, 43-44.

69. Moll, *The Art of Dying*, 121.

for the service provided by the church can give direction and guidance to the family enabling them to choose wisely for what fits their family and their resources in the midst of all the consumeristic options available. This can include communal events such as a potluck or catering a reception after the service.

Preemptively, churches can provide education in this area. Within their congregation they can educate people about what options will be available for them or their loved ones. Some people may not have thought about the issue of burial or cremation. Some may not have thought about the arrangement of a funeral for themselves or their loved ones. In the absence of church involvement, a family may scramble to organize a service, write an obituary, or gather meaningful items or meaningful prose or Bible verses to be read, solely with guidance from the funeral home.

Churches can assist with funerals or burial financially or use other resources to ease the burden on a family or community. There is no reason, says Moll, why a funeral cannot be organized in an inexpensive way.<sup>70</sup> The essential elements of a Christian funeral are low-cost elements. Church property could be utilized for burial or storage of the cremains in an effort to show honor to the final location of the body. Moll encourages churches to be active in physically holding the remains of the deceased because of the church tradition to store the bones of the saints within the church building. Older churches used to hold bones of the faithful in safety and security until the time of the resurrection.<sup>71</sup> Doubtless, local and state laws would have an impact on this option. McCullough agrees with the idea of using church property to create grave space for interment. Perhaps this would lend itself to the multistage idea of communal grieving where a funeral and deposition of the body would be an event which included a journey toward the

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70. Moll, *The Art of Dying*, 126.

71. Moll, *The Art of Dying*, 166.

grave.<sup>72</sup> Whatever might be done locally, Moll says, the most significant issue is that the church speaks against a culture prone to discard life. The church proclaims that the deceased was important; that person had a life that was meaningfully embedded within a community and will be dearly missed.<sup>73</sup>

An excellent example of this type of ministry this writer recently learned about is called Here to Honor. This company began when Eva Ting, a creative thinker with a background in nonprofit organizations and the arts, began managing funeral services at a large church in New York City.<sup>74</sup> This group acts as a pool of resources and ideas for those end-of-life services that can be complicated and difficult to organize when one is overwhelmed with grief. Here to Honor acts as a liaison and support for the grieving family as they plan.

This is a time when the community leans heavily on the support of the church, and strength and support must be given. Moll warns that an absence of funerals in the life of a church is a liability. Funerals offer recalibration of our spiritual formation.<sup>75</sup> This evaluation of how we love God and loved our neighbor helps us to realign our hearts with God's purposes. This process of numbering our days occurs continually at funerals. This helps to reassess whatever spiritual formation has occurred and consider what idols of the culture have caused diversion. Christian ritual support helps a church community to live and die well.

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72. McCullough, *Remember Death*, 44.

73. Moll, *The Art of Dying*, 124.

74. "Here to Honor," Here to Honor, accessed October 20, 2021, <https://heretohonor.com>.

75. Moll, *The Art of Dying*, 162.

## Medical Ethics

The final literature category focuses on end-of-life ethical issues. Unfortunately, this is the place where books designed to help at the end of life can begin and end. The challenge comes when we try to understand medical issues or make decisions based on issues not mentioned in Scripture. For instance, consider how Scripture may direct us in the choices we make regarding specific medicines or narrowing down medical interventions. Scripture does not direct us when we consider specific organ-support interventions and which ones are appropriate at a given time. So, the approach we take with Scripture matters for how we interpret these complicated medical discussions. Framing the Christian ethical worldview needs to precede the ethical discussion. This is especially true because we use these frames in order to help us to develop a robust theology of medicine.

As mentioned in an earlier chapter, Hollinger grounds his approach to ethics within a Christian perspective. His book broadly covers more than healthcare issues and medical issues at the end of life. He establishes a foundation to structure a Christian perspective of medical ethics by describing a set of beliefs, a set of values, and a way of life.<sup>76</sup> The first component is narrative, or what stories make up our faith and inform our understanding of the grand biblical storyline. We may look at what Scripture says about human life and the lengths we ought to go to protect and sustain it using the good gifts of medicine. The second component is the rational component, where we seek to understand systematic theological beliefs about life, health, medicine, and death. The third component is the ritual component where we reflect on the symbols, rituals, and sacraments that have been utilized down through history to reenact and

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76. These three categories come from Alister McGrath, *Christian Spirituality: An Introduction* (Malden, MA: Blackwell, 1999), 3, but they align well with Hollinger.

reinforce our faith over time.<sup>77</sup> When our medical decisions are grounded in this framework, we can be assured we are making wise decisions.

Butler's book has the most robust descriptions and explanations of the medical issues in play. She translates them into clear and concise ethical language and applies a Christian framework to guide our decision making. She is aggressively informative and delicately pastoral in her work. She keeps the idolatry of medicine in mind from the perspective of someone deeply familiar with the medical issues and ethical considerations. In her framing of the biblical worldview she establishes a foundation to structure a Christian perspective of medical ethics and describes four guiding principles:<sup>78</sup>

Sanctity of mortal life

God's authority over life and death

Mercy and compassion

Hope in Christ

Considering her framework, she begins with the idea of the sanctity of mortal life. This establishes life as a gift from God and leads to a balance of stewardship between accepting treatments which allow for cure and denying treatments which may inflict suffering but not effect cure. Second, she describes God's authority over life and death. Here she admits the sanctity of life does not negate the equanimity of death. Death comes to all. When a miracle would save a life, we acknowledge that it is not our will that needs to be done. God does not need medical interventions to enact miracles in the world. Third, God calls us to love our neighbor in the midst of choosing medical interventions for others. We want to serve those we may make decisions for at the end of life and not force them to endure treatments which give no

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77. Hollinger, *Choosing the Good*, 63.

78. Butler, *Between Life and Death*, 32-40.



benefit of loving and serving the Lord. Lastly she describes having hope in Christ. We remember and practice resting in the sovereignty of God over any affliction and ultimately over death.

What makes her work a standout in the field of medical ethics is that she goes in depth to the purpose and use of the medical interventions available. For example,, she provides clarification on what organ support can do and when it becomes irreversible. She identifies when medicine cannot be curative but can be supportive. But at some point, medicine is no longer life sustaining but death sustaining.<sup>79</sup> She points to medicinal interventions that delay death but do not provide direct benefit or comfort.

Butler also identifies the importance of clarifying questions and confirming what is being heard as an essential element in the medical journey. As she brings these clarifying questions forward, she offers them most specifically in two chapters. These back-to-back chapters include personal choices in advance care planning and then considering these questions for a loved one.<sup>80</sup> The later chapter is organized to instruct family members how to be more informative to advocate in the future. She brings together the need for clarification of medical issues and the need for a surrogate voice in the medical conversation with a robust list of questions to ask for making better decisions for oneself and loved ones at end of life.

Wyatt discusses the importance of living and dying well. In his discussion, however, he does not directly give much by way of instructive biblical frames for navigating complicated ethical principles at the end of life. He does go into great detail about Christian history surrounding end-of-life tradition and ritual. His book includes a helpful exposition on the hope of

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79. Butler, *Between Life and Death*, 40-41.

80. Butler, *Between Life and Death*, chaps. 12 and 13.

the gospel through 1 Corinthians 15 in a chapter entitled “A Sure and Steadfast Hope.”<sup>81</sup> He also stresses the importance of open communication with end-of-life decisions. He suggests asking questions such as How much suffering is tolerable, and what do I want done about it? When is it appropriate to cease treatment? When do I consider DNR (Do Not Resuscitate)? Where would I like to die? Finally, Who do I want supporting me spiritually?<sup>82</sup> So while his work is incredibly useful, out of the three mentioned, this book feels incomplete.

Moll reflects on an article written by Gilbert Meilaender,<sup>83</sup> the author of *Bioethics*.<sup>84</sup> In itself, this is a great book for understanding the ethical implications of bioethical issues. But the recent article is entitled “I Want to Burden My Loved Ones.”<sup>85</sup> In this article, Meilaender argues for the primacy of relationships in decision making when it comes to advance care planning. Should he become unable to make his own decisions, he entrusts it to his family to value the life he has and act upon it. This is in contrast to the consideration of family members of asking what benefits his life is to the sick person at a given period of time. His approach expands the medical decision-making bubble to include as many aspects of a person’s life as possible. He points out how “it is . . . essential that we structure the medical decision-making situation in such a way that conversation is forced among the doctor, the medical caregivers, the patient’s family, and perhaps still others, such as a pastor.”<sup>86</sup> The only potential downside in his approach is that it assumes that close relationships exist with those we can engage in these important conversations.

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81. Wyatt, *Dying Well*, chap. 7.

82. Wyatt, *Dying Well*, chap. 5.

83. Moll, *The Art of Dying*, 90.

84. Gilbert Meilaender, *Bioethics: A Primer for Christians*, 2nd ed. (Grand Rapids, MI: Eerdmans, 2005).

85. “I Want to Burden My Loved Ones | Gilbert Meilaender,” First Things, accessed October 12, 2021, <https://www.firstthings.com/article/2010/03/i-want-to-burden-my-loved-ones>.

86. Moll, *The Art of Dying*, 90.

In a world fractured by sin and death, close relationships are not a given, and even in close relationships this conversation is not always approached. But regardless of that, his sentiment is that when we are in our greatest need, we place that decision-making capability on those in our closest circle to advocate for us in the medical realm.

Moll adds after Meilaender's article that understanding the medical issues as fully as possible will help us as we make these decisions for ourselves or for family. Clarifying the medical issues is something vital to this conversation. Moll suggests a helpful list of clarifying questions taken from John Dunlop, a gerontologist. When an illness has been diagnosed, he suggests clarification of exact diagnosis and prognosis of the illness with and without treatment, potential complications, and alternatives for treatment and management.

It is only when we have established our biblical frameworks that we can wisely evaluate medical interventions as appropriate or contrary to the Christian worldview. One of the most substantial and widely covered issues today is the discussion of euthanasia, physician-assisted suicide, and what is also called medical aid in dying. It seems that much of the literature begins with clarifying the terms in play. Language becomes quite important in this discussion as well. Clarity in the issues has become very important because different terms have made it difficult to remain clear about what is being discussed.

Care for terms in ethical issues became important for specifying what is being discussed and what is at stake in these discussions. In suggesting some medical intervention, the medical staff does not want to inadvertently shame someone for choosing comfort measures or frighten someone who hears hospice and assumes that means the hospital is "giving up" on their loved one. Butler mentions how this is especially true when language betrays the true nature of these medical issues. "The crass and inaccurate phrase 'pull the plug' further leadens our hearts with

guilt.” and she later adds, “The inappropriate but often-used term ‘withdrawal of care’ conveys a sense of abandonment that repulses us.”<sup>87</sup> There are limits to what medicine can provide in this world. Removing burdensome treatments can become necessary. Even when we embrace medicine as a gift from God to use to steward the knowledge acquired from his creation, medicine cannot provide ultimate comfort and restoration.

Another place where specificity in language has occurred is the confusion over what is sometimes called active or passive euthanasia. Active euthanasia includes taking action through an intervention which intends to cause death. Previously in medicine, declining or removing aggressive treatments and choosing comfort measures was nicknamed “passive euthanasia.” Even in Christian literature, these terms get muddled. Consider R. C. Sproul’s book on suffering.<sup>88</sup> He uses the terms as well but then also brings in the unfortunate idiom “pull the plug.” So while his work is a great reflection on suffering and the sovereign God who works good from all things, here at least, he does not contribute to clarifying the issues. Allowing natural death should not be called passive euthanasia, because it only causes confusion of how medical experts define euthanasia. This is especially true when the natural bent of doctors and patients is to overuse medical treatments. It should not be considered passive euthanasia to stop aggressive treatments. Medicine naturally leans toward the idolatry that it can provide near-miraculous cures, a view that can lead toward overutilizing medical interventions.

Butler addresses the stigma of using morphine, which has become common in end-of-life conversations. At some point in these conversations, hospice care became synonymous with mercy killing. The local medical practitioners can actively dispel these myths. Butler adds,

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87. Butler, *Between Life and Death*, 129.

88. R. C. Sproul, *Surprised by Suffering: The Role of Pain and Death in the Christian Life* (N.p.: Reformation Trust, 2009), 9.

“Although morphine does sedate, rarely does an infusion quicken death.”<sup>89</sup> She speaks out of her experience of this stigma but also includes a citation from the *New England Journal of Medicine*. This conclusion over the wise use of morphine and other comfort medicines can be seen within healthcare organizations where end of life is considered and has long been considered effective at pain relief.<sup>90</sup>

Butler does a good job with a modern take on terms in the discussion about physician-aided death. She describes it as compassionate but unbiblical and an overemphasis of personal autonomy over all other considerations. There is also a danger of this sort of medical consent to dying because, as she highlights, there are so many pain relief options available to consider before assisted death is considered.<sup>91</sup>

Wyatt has published a book specifically considering this topic. He uses selections of it within *Dying Well*, which we have been exploring.<sup>92</sup> In that book, *Right to Die?*, he is in great agreement with Butler, especially where he agrees on autonomy to decline treatments which are burdensome in their own right.<sup>93</sup> But he goes into a deeper examination of autonomy and compassionate care. He writes from the United Kingdom, but the approach in this short book is worth the addition it makes to this conversation.

Hollinger points to the hospice movement as mitigating the needs for euthanasia. He says that hospice did not begin in response to medical aid in death; it is a vehicle against that

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89. Butler, *Between Life and Death*, 135.

90. M. L. Citron, A. Johnson-Early, B. E. Fossieck Jr., et al., “Safety and Efficacy of Continuous Intravenous Morphine for Severe Cancer Pain,” *American Journal of Medicine* 77 (1984): 199-204.

91. Butler, *Between Life and Death*, chap. 11.

92. John Wyatt, *Right to Die? Euthanasia, Assisted Suicide, and End-of-Life Care* (London, England: Inter-Varsity Press, 2001), 64.

93. Wyatt, *Dying Well*, 150.

movement because it effectively meets the needs of the dying.<sup>94</sup> Both Hollinger and Wyatt look back to Dame Cicely Saunders and her role in the hospice movement in the United Kingdom. She describes four types of pain: physical, psychological, relational, and spiritual. When emotional and spiritual pain was met through the support of another person, physical pain often became easier to manage. Where emotional and spiritual pain rages, physical pain can become unmanageable.<sup>95</sup>

When one of these needs is not met, distress and pain can result. Saunders's approach was revolutionary at the time and is becoming more and more counterculture today. Saunders says, "Suffering is not a question that demands an answer, it's not a problem that demands a solution; it's a mystery that demands a presence."<sup>96</sup> This is an opportunity for Christians to shoulder the weight of another and support those at the end of their life and provide comfort in the midst of this sacred journey.

## Conclusion

The pastoral approach takes us through personal stories grounded in biblical theology and informed by a resurrection culture which makes strong ethical choices with its use of medicine. This is living wisely in light of death. The next chapter will provide an eight-part Sunday school teaching curriculum. This Sunday school curriculum was developed as an option for engaging in communicating this multifaceted discussion into the life of a church. These lessons were created using the material presented in the preceding chapters. This curriculum began the discussion in the church on how to live well in light of death.

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94. Hollinger, *Choosing the Good*, 259.

95. Wyatt, *Dying Well*, 130-31.

96. Wyatt, *Dying Well*, 130-31.

## CHAPTER 4

### PROJECT DESIGN

Preparing for death can be good for Christians, and an adult Sunday school class to engage our church community in a biblical approach to death and dying is one way to accomplish that goal. According to the details from Pew Research Center's Religion and Public Life Project, 72 percent of Americans have thought of end-of-life-wishes. But less than half of them (only 35 percent) have written anything in preparation for that day.<sup>1</sup> So, as the class was designed, this writer wanted it to be practical and give resources that allow for tangible next steps. Also, some of the demographic details about Wethersfield, Connecticut (see chap. 1), suggest death and dying could be an unpopular topic of conversation within this community. However, it is still an important biblical topic for any culture to discuss.

#### **Overview of “Numbering Our Days,” an Adult Sunday School Class**

The following outlines are the teaching materials that form the curriculum for an adult Sunday school study at Wethersfield Evangelical Free Church in the fall of 2020. The goal of a class like this would not be to encourage a desire for death but to encourage love and hope for that which is beyond it.<sup>2</sup> The intent of this class was to bring glory to God, to be an encouragement and comfort for God's people, and to echo Paul's words: “Now if we have died with Christ, we believe that we will also live with him. We know that Christ, being raised from

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1. “Views on End-of-Life Medical Treatments,” Pew Research Center, Religion and Public Life Project, November 21, 2013, accessed March 18, 2021, <https://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>.

2. Richard Baxter and Benjamin Fawcett, *Dying Thoughts* (Edinburgh, Scotland: Banner of Truth Trust, 2004), 96.

the dead, will never die again; death no longer has dominion over him. For the death he died he died to sin, once for all, but the life he lives he lives to God” (Rom 6:8-10).

This curriculum focused on the biblical, theological, and pastoral considerations of what it means to live well and to die well to the glory of God. The materials taught biblical topics and discussed death in a multifaceted way. These topics were presented in eight videos ranging in length from twelve to sixteen minutes. Then a conversation ensued for the class to engage the subject matter and to expand the discussion as people explored the meaning and practical implications of the material.

In late summer of 2020, this writer was able to present the class to the congregation and give a five-minute explanation of the idea of the class, the relevant details of how the class would meet, and how to sign up. Once members signed up for the class, an informed consent form was obtained for everyone who participated. Weekly emails went to each participant with a link for joining the Sunday school class online discussion. The class was presented using the Zoom web-conferencing program. The class was arranged like a flipped classroom model, so the emphasis was upon reflectively engaging the material presented in the initial video to encourage change to take place. On a Sunday morning, participants joined the digital meeting in which the leader welcomed everyone and prayed. The video was then played, and an hour-long conversation would be facilitated using an outline to recap, reinforce, and expand the topics of discussion.

In *Renovation of the Heart*, Dallas Willard outlines categories of human life that are impacted by the robust, lifelong process of discipleship.<sup>3</sup> Those categories structured the class discussions. Willard describes six basic aspects of being human: body, thought, feeling, choice, social context, and soul. The first class began by looking at important details of cultural issues

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3. Dallas Willard, *Renovation of the Heart: Putting on the Character of Christ* (Colorado Springs, CO: NavPress, 2002).



surrounding death in America and then plotting a biblical framework. After this initial class, the next six classes were arranged using each subject area outlined by Willard. The final class discussed how congregants can practice caring for the dying in our congregation. An online survey followed to provide feedback to assess the strengths and weaknesses of the class material and the presentation of the material. In addition, a feedback group reviewed the videos and gave feedback on the material presented in them for further improvement and analysis.

Moses asked God for help: “Teach us to number our days that we may get a heart of wisdom.” Borrowing the phrase from Psalm 90:12, the Sunday school course is called “Numbering Our Days: Living Wisely in Light of Death.” The following simplified outlines were used as the teaching material for the Sunday school study class, “Numbering Our Days: Living Wisely in Light of Death,” at Wethersfield Evangelical Free Church in the fall of 2020.<sup>4</sup>

### **Teaching Materials for “Numbering Our Days”**

#### **Class 1: Dying in America: A Survey of the Demographics of Dying**

The first class was entitled “Dying in America: A Survey of the Demographics of Dying.” This class allowed for introductions of the moderator (the author of this thesis-project, describing and assisting with the format of the Zoom meeting, the rationale of the material, and the biblical framework used for the teaching. A good portion of the beginning of the class was filled with helping participants understand the format and the technology. There were three main components of this video presentation. The first component was explaining current medical data about death and dying in America and Connecticut. Second, when the medical details were covered, the Christian worldview was explained by using the frames of creation, fall, redemption, and glory. Third, the class discussed the first question of the Heidelberg Catechism.

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4. Many citations and discussion points have been streamlined for clarity and presentation below.

Additionally, the video discussion included discussing other biblical presentations which might help orient participants and other Scripture passages that fit the biblical structure.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/SQHhKwgZNv4>.

## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 1: Dying in America: A Recent Survey of the Demographics of Dying”

## **State of dying in America**

*We are living longer than we have ever lived before*

Life expectancy has increased by 26 years over the past century.<sup>5</sup>

*The trajectory of dying has changed*

Due to advances in medicine, changes have occurred in the dying process.<sup>6</sup>

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5. “Mortality Trends in the United States,” National Center for Health Statistics Data Visualization Gallery, October 17, 2019, accessed November 19, 2021, <https://www.cdc.gov/nchs/data-visualization/mortality-trends/index.htm>.

6. See chapter 2 for a discussion of this change in health care: Atul Gawande, *Being Mortal: Medicine and What Matters in the End*, 1st ed. (New York, NY: Metropolitan Books, Henry Holt & Company, 2014).

*At the end of our life, most often we are dying in medical care facilities*

Increasingly often, our last days are spent in highly medicalized settings rather than at home.<sup>7</sup>

*Significant cost*

A significant portion of medical expenses are within the last year of life.

*Key takeaways*

This past century has changed the world in which we live. This class will be a discussion on how we can live well in our Christian faith and engage in health care with wisdom.

## **A biblical overview: Creation, fall, redemption, glory**

*Creation*

In the beginning, God lovingly created the heavens and the earth. God set a man and a woman to rule this world he made. These two are created in the image of God as stewards.

*Fall*

Where life had been the standard, spiritual and bodily death would reign. We became decaying creatures susceptible to illnesses and the breakdown process of death.

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7. “A Profile of Death and Dying in America,” chap. 2 in Institute of Medicine (US) Committee on Care at the End of Life, *Approaching Death: Improving Care at the End of Life*, ed. Marilyn J. Field and Christine K Cassel (Washington, DC: National Academies Press, 1997), National Center for Biotechnical Information, accessed November 19, 2021, <https://www.ncbi.nlm.nih.gov/books/NBK233601/>.

### *Redemption*

While we were still weak, enslaved to sin, and under the curse of death, Jesus provided passage through death by his victory over it (1 Cor 15:54-58).

### *Glory*

Christ will take his place of King of creation and his rule will be complete and it will be good, the way it was always intended to be in the Garden. There will be no more death.

### *Conclusion*

The biblical frames of creation, fall, redemption, and glory help us organize our discussion of death and dying by placing it in its rightful place within the grand biblical storyline. Reflecting upon our own death should be a facet of our daily discipleship and reorient our daily priorities of life.

### **Where is our hope?**

Question 1 in the Heidelberg Catechism asks “What is your only comfort in life and death?” The answer is:

That I am not my own, but belong with body and soul, both in life and in death, to my faithful Savior Jesus Christ. He has fully paid for all my sins with his precious blood, and has set me free from all the power of the devil. He also preserves me in such a way that without the will of my heavenly Father not a hair can fall from my head; indeed, all things must work together for my salvation. Therefore, by his Holy Spirit he also assures me of eternal life and makes me heartily willing and ready from now on to live for him.

As we grow and walk with Jesus in the days ahead, may our wisdom and maturity increase to develop his life inside of us. May we continue to grow and live wisely in this broken world as shining lights for his glory. Amen.

## Discussion outline: Class 1

What was your first exposure to death? Do you notice any unwritten rules about how to handle it? (For example, could you talk about it or were you not allowed to talk about it?) How did it shape you?

Out of all the statistics shared about health care, do any of them surprise you?

Do they align with any of your experience?

1. We are living longer than we have ever lived before.
2. The trajectory of dying has changed.
3. At the end of our life, most often we are dying in medical care facilities.
4. At significant cost.

The gospel story is presented in four major movements: creation, fall, redemption, glory. Do you have any reactions (positive or negative) to understanding the biblical storyline like this? Did it seem familiar? Did it make sense?

How did it help you biblically interpret death?

Have you seen other gospel presentations that include death as part of the story?

1. “Casket Empty” is a thorough presentation.
2. “Two Ways to Live” also has a robust story (<https://twowaystolive.com/>).
3. Another presentation is “Steps to Peace with God” (<https://stepstopeace.org/>).
4. The Cru presentation is called “The Four Spiritual Laws” ([https://crustore.org/media/wysiwyg/pdf/Four\\_Spiritual\\_Laws\\_English\\_pdf](https://crustore.org/media/wysiwyg/pdf/Four_Spiritual_Laws_English_pdf)).
5. The simple ABCs are Accept, Believe, Confess

### *Creation (Gen 1:1-5)*

Life is a good gift designed to function under the jurisdiction of God and falling under the stewardship of man as the pinnacle of God's creation. In what way does this motivate your life and work and care of the world?

### *Fall (Gen 3; Eph 2:1-3)*

Define the Fall in your own words.

Discuss the physical and spiritual consequences of "you must surely die."

In what ways is this evident to you today?

God face to face became seeing God in the wind! Where we were originally created to see and recognize God dwelling among us, we would now fearfully experience him through the wind. Rather than speaking with God face to face, in the Garden of Eden Adam and Eve experienced him in the wind.<sup>8</sup>

### *Redemption (Rom 5:12-21)*

Define redemption in your own words. What does this say about suffering?

The process of sanctification or spiritual formation is the process of God transforming us. How do you see that in your own life?

Colossians 1:21-22: "And you, who once were alienated and hostile in mind, doing evil deeds, he has now reconciled in his body of flesh by his death, in order to present you holy and blameless and above reproach before him."

1 Peter 2:24: "He himself bore our sins in his body on the tree, that we might die to sin and live to righteousness."

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8. J. J. Niehaus, *God at Sinai* (Grand Rapids, MI: Zondervan, 1995), 155-59.

1 Corinthians 6:11: “And such were some of you. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God.” God offers us his Holy Spirit to carry us along in the process of spiritual maturity.

Philippians 1:6: “And I am sure of this, that he who began a good work in you will bring it to completion at the day of Jesus Christ.”

*Glory (2 Pet 3:13)*

What are your observations?

What does this say about suffering (e.g., relief from afflictions [2 Thess 1:7])?

Revelation 5:6 pictures Christ as a lamb who had been slain and is worthy to break the seals. Have you ever considered Jesus would carry his scars into eternity as a sign of his love and glory through suffering for his beloved?<sup>9</sup>

Matthew 28:18-20 is commonly applied to missions, but the work of restoration will not be completed until Jesus returns in all the authority he has already received as the King of creation, and then he puts everything right.

*The Art of Dying: Living Fully into the Life to Come* by Rob Moll: “We don't like to talk about death being an inspiration but that's the central message of the Christian faith.”

Have you heard or experienced the Heidelberg Catechism: “What is your only comfort in life and death?”

The Westminster Catechism poses it this way:

Q. 1. What is the chief end of man?

A. Man's chief end is to glorify God, and to enjoy him forever.

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9. Richard Bauckham, *New Testament Theology: The Theology of the Book of Revelation* (New York, NY: Cambridge University Press, 1993), 77.

Where can we go from here? Shouldn't our faith in Christ make a difference in any or all of these statistics? But perhaps as we move through this class, we will be able to address significant portions of these issues as we grow in our understanding of our new life in Christ.

## Class 2: The Life of the Body

The second class was entitled "The Life of the Body." The main components of this class focused on stewardship and care of the body in light of death and dying. We discussed the incarnation and biblical difference between "flesh" and "the body." Then we talked about how judgment and death are separated in Christ. We also discussed how the early Christian church went beyond the prohibition to "not kill" and worked for the good of its neighbors. We discussed three approaches to the medical arts to think Christianly about how approaches to health care may change throughout our lives depending on our circumstances. At this point we began thinking about how our bodies work as we near death. This spiritual transition introduced what it is like to be in the presence of a dying person. Many people who have experienced the death of a loved one seek to discuss these experiences. Introducing these points in a Christian setting allows for discussion without fear and judgment. Rather than seeing these occurrences as a threat to biblical Christianity, they reinforce a well-made and well-designed human body. Finally, we discussed how the body is cared for after death. We discussed the sometimes difficult issues of tissue donation, cremation, burial, and plans for funerals.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/nGa76TAfX9s>.



## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 2: The Life of the Body”

### **The flesh, the body, and the incarnation**

This biblical paradigm of creation, fall, redemption, and glory affirms our body. One of the reasons the early church made such an impact was how pro-life they were. Babies, the lame, the abandoned, the old, the sick, and the dying were valuable in the eyes of God and his people.

### **Death of the body and judgment are now separated in Christ**

In the Fall, death and judgment were linked together as one. But the good news of the gospel is that Jesus’ life, death, and resurrection provide the only remedy for the connection between sin and death. Death cannot place us back under the wrath of God’s judgment because that was exhausted on the cross for those in Christ. Death comes, but judgment does not come for those in Christ.

### **Do better than “not kill”**

The Ten Commandments tell us “Do not kill.” This command is not just a prohibition. It commands us to actively promote life. Rather than being a simple negative, it commends the opposite: Work for wholeness in the lives of others.<sup>10</sup>

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10. For example, Carl Friedrich Keil and Franz Delitzsch, *Commentary on the Old Testament*, 10 vols. (Peabody, MA: Hendrickson, 1996); Gordon J. Wenham, Alec Motyer, D. A. Carson, and R. T. France, eds., *New*

### Three approaches to the medical arts

Christians can engage in the medical arts to care for the body. Here are three common approaches for wisely engaging health care when the end of life is in sight.

#### *Medical vitalism: Life at all costs*

This view says that human life is so valuable that it needs to be prolonged by any and every means available to us. The danger is that focusing only on the life of our body can be a form of idolatry. We value life so much that we keep it going at all costs. Regardless of quality or how it aligns with the goals of a patient, life is aggressively pursued. It is hard to know when to stop traveling down this road.

#### *Quality of life: Live a life that is deemed worth living*

This view says that human life is valuable when it is deemed worth living. It says this life is worth living in this way and that life is not valuable and not worth living in that way. The danger is that focusing only on quality can also be a form of idolatry of our comfort or happiness. It can invite medical interventions to bring about death to end poor quality of life in the name of compassion. Note: This is different from the hospice approach we will discuss later. Hospice focuses on quality of life and comfort without intervening to bring about death.

#### *Sanctity of life: Life is valuable but not the highest good*

This view says that human life is valuable because it was created in the image of God. Life deserves protection and stewarding. I propose this is the most biblical approach to the

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*Bible Commentary: 21st Century Edition*, 4th ed. (Downers Grove, IL: IVP Academic, 1994); Walter C. Kaiser Jr., *Toward Old Testament Ethics* (Grand Rapids, MI: Zondervan, 1983).

medical arts. Human life is valuable, but human life itself is not the ultimate good. It is stewarded and cultivated to bring glory to God.

### **A spiritual transition as death nears**

Rob Moll says, “Modern science teaches that in the process of dying . . . a body actually shuts itself down” (*Art of Dying*, 61). Death is a spiritual problem and a spiritual transition.

#### *Appetite*

Desire to eat or drink may wane or disappear.

#### *Body temperature changes*

Skin color and temperature become patchy and irregular.

#### *Energy levels vary*

Sleep may dominate but some experience a final surge of energy called terminal lucidity. No one can explain why this happens.

#### *Near-death awareness*

Near-death awareness is broken down into four main behaviors: preparing for a journey, seeing people or places, perceiving a destination, and knowledge about time of death. These are not universal occurrences, but many people exhibit at least one.<sup>11</sup>

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11. “Final Gifts Summary,” SuperSummary, accessed August 11, 2020, <https://www.supersummary.com/final-gifts/summary/>.

## **The end of the body**

Christians have a high view of the body but acknowledge bodies will naturally dissolve themselves. They are not going to stay whole after we die; they will decompose and decay.

### *Tissue donation*

Some Christians want to remain whole for their new life in Christ. But tissue donation can also seek to steward the body one last time to continue to spread life after our bodily death.

### *Cremation*

In some places in Scripture the bodies of the dead are burned to ash and in other places the dead are buried. Cremation occurs about 50 percent of the time in Connecticut.

### *Burial*

We see burial customs recorded in the Bible. Some choose burial as a way to honor the goodness of their body, keep their body whole for the resurrection of the dead, and let it break down through natural means.

### *Services*

Have you ever considered what your funeral would be like?

What kinds of things would you like to have present: a song or reading?

## Discussion outline: Class 2

Have you ever heard this difference before: flesh versus body? In Galatians 5:17 the word for “flesh” is *sarx*. Another word for “flesh” is *soma*. (Douglas Moo, article in *Fallen: A Theology of Sin*, Theology in Community)

In the incarnation, we get a perspective of God and of humanity that we didn’t have before. What other lessons can be seen in the incarnation?

“The body is not, in the biblical view, essentially evil; and, while it is infected with evil, it can be delivered. Spiritual formation is also and essentially a bodily process.” (Dallas Willard *Renovation of the Heart*, 36)

*Do better than “not kill”*

It requires the ability to think about life from the perspective of others. What does it mean for us to work for life in others? What are some examples?

*Death of the body and judgment are separated*

What kind of impact does this have with our thinking about life and death?

What kind of impact does this have for those we love and serve and how we care for the sick?

*Three perspectives on medical care*

***Medical vitalism: Life at all costs (Exod 20:13; Deut 5:17)***

Is bodily healing guaranteed in this life? What is the influence of the prosperity gospel on Christianity?

***Quality of life: Live a life that is deemed worth living (2 Cor 5:8)***

Quality of life is within our power to support the dying.

***Sanctity of life: Life is valuable but not the highest good (Luke 2:29-32; John 14:19)***

I can do all things through Christ—even if that includes suffering and death.

How do these views align with your views? What are the motivations behind each view?

What can be learned from each approach? (observations, objections, DNR/DNI, comfort measures only, personal experiences)

### **A spiritual transition**

Have you experienced the death of someone? Did any of these sound familiar?

Does anything surprise you about death being a spiritual transition?

Are there any guiding Bible verses which support these occurrences?

*Appetite*

*Body temperature changes*

*Energy levels vary*

*Near-death awareness* (Near Death Experience Research Foundation, <https://www.nderf.org>)

## **The end of the body**

What biblical texts come to mind regarding care of the body after death?

### *Tissue donation*

Have you ever considered tissue donation?

Does anything shared affect your view of tissue donation?

### *Cremation versus burial*

How is ecological stewardship related to cremation: space in the ground? ritual use to have space? memento ideas for remembering loved one with ashes?

Go deeper with cremation: <https://www.thegospelcoalition.org/?s=cremation>

## **Planning a service**

If the body is at the service, it is a funeral service; if it is not, the service is considered a memorial service.

## **Class 3: The Life of the Mind**

The third class was entitled “The Life of the Mind.” The main components of the video presentation focused on the mind and how we think about our life, especially as we near death. Beginning with the “Top Five Regrets of the Dying,” the conversation opened with things people regret when they are dying. We discussed how Christians have a source of wisdom which comes from the cross of Christ through his Holy Spirit. This conversation was meant to show how Christian priorities prevent us from fully realizing those life regrets described by Bronnie Ware.

We discussed 1 Corinthians 2:1-9, 16 and compared that text with the regrets of dying. Then we talked about how death is described as the defeated enemy, but we also discussed how death acts as a friend to the Christian. Finally, we talked about considering the significance of the sacraments of baptism and communion and the symbolism of death to self and new life in Christ.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/sr0FaHByayo>.

## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 3: The Life of the Mind”

In *Renovation of the Heart*, philosopher, theologian, and professor Dallas Willard notes the complexity of this topic. Willard says the Thought category would include our wills, perceptions, and senses; our understanding of the abstract universe, of time (past, present, future), reasoning, logic, science, imagination, art, and divine revelation. Obviously these topics are huge. The scope will be to consider a few aspects of how we think about certain topics in how we approach the end of our lives.

## **Top five regrets of the dying, Bronnie Ware<sup>12</sup>**

1. I wish I’d had the courage to live a life true to myself, not the life others expected of me.

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12. Bronnie Ware, “Regrets of the Dying,” accessed November 19, 2021, <https://bronnieware.com/blog/regrets-of-the-dying/>. This article is based on Bronnie Ware, *Top Five Regrets of the Dying: A Life Transformed by the Dearly Departing* (Carlsbad, CA: Hay House, 2019).



2. I wish I hadn't worked so hard.
3. I wish I'd had the courage to express my feelings.
4. I wish I had stayed in touch with my friends.
5. I wish that I had let myself be happier.

These top five regrets of the dying point out the biggest things people regret as they near death. I can think of many ways a biblical foundation fundamentally alters the terrain of the end of life, especially when it comes to things we regret. Though it may be common for Christians to experience these regrets in some way, the Christian worldview works against these regrets at the end of life. Consider this biblical reflection and some specific ways to understand God's work in the life of our minds from 1 Corinthians 2:1-9, 16.

*Wisdom of the cross*

*Wisdom of ordinary service*

*Wisdom revealed by the Holy Spirit*

*Death: Friend and foe*

Death is described as an enemy to humanity, a consequence for sin. Yet, it is also described in friendly language in other places. And the biblical tension that emerges between friend and foe tells us something about life and death.

### ***Foe***

Paul says that death is the last enemy to be destroyed (1 Cor 15:26).

### ***Friend***

Paul says that living is good, but to die is to leave his body and to be present to Christ. So in Philippians 1:21, Paul concludes, “for to me, to live is Christ, and to die is gain.”

### **Sacraments of communion and baptism**

When we think of these sacraments, we see visible and tangible expressions of the gospel. The sacraments are not for salvation but for the strengthening and nourishment of the believer. We see visibly how we understand our life in Christ. They are a rehearsal of our faith in the life, death, and resurrection of Jesus.

### ***Baptism***

We are buried with Christ and raised to new life (Rom 6).

### ***Communion***

Jesus institutes and commands the sacraments for the building up of the church. His body is broken to bring us new life (1 Cor 10).

### **Discussion outline: Class 3**

*Top five regrets of the dying, Bronnie Ware*

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.
2. I wish I hadn't worked so hard.
3. I wish I'd had the courage to express my feelings.
4. I wish I had stayed in touch with my friends.
5. I wish that I had let myself be happier.

How does a biblical worldview alter the terrain of life?

Top five regrets of dying and the similar lessons of 1 Corinthians 2:1-9, 16:

1. Wisdom of the cross
2. Wisdom of ordinary service
3. Wisdom revealed by the Holy Spirit

*Explain Christian hedonism*

*Death: Both friend and foe*

When death is described as a negative it says foe

Death is bitter (Eccles 7:26)

Death is the last enemy to be destroyed (1 Cor 15:26)

Death is associated with terror (Ps 55:4)

Death is associated with distress and anguish (Ps 116:3)

But dying is also described in ways that are positive (friend)

Precious in the sight of the Lord is the death of his saints (Ps 116:15)

When Lazarus died, he is said to have fallen asleep (John 11:11)

Death is described as rest (Rev 14:13)

Abraham breathed his last and died in a good old age, an old man and full of years, and was gathered to his people (Gen 25:8)

Tension that emerges between friend and foe tells us something about life and death: we don't need a self-improvement project or resuscitation. What we need is a resurrection from the dead.

### *Sacraments: Baptism and communion*

A sacrament is a practice instituted by Christ himself.

A sacrament is a sign and a seal.

The sacraments are means of grace.

Christ instituted two sacraments—baptism and the Lord's Supper.

The sacraments are administered by the church.

Covenant ratifying symbols, the sacraments reinforce and remind us of the New Covenant made in Jesus' blood. They have Old Testaments roots: a messiah who bears the inquiry of his people (Isa 42:1; 53:11); a new covenant for the forgiveness of sins (Jer 31:31-34).

### ***Baptism***

Matthew 28:19; Romans 6:4; 1 Peter 3:20 (Noah, eight persons brought safely through water); 1 Corinthians 10:1-4

How can we practice our baptism privately for continued daily formation?

## ***Communion***

Give us this day our daily bread; “for as often as you eat this bread and drink the cup, you proclaim the Lord’s death until he comes” (1 Cor 11:26)

James 1:5: If any of you lacks wisdom, let him ask God, who gives generously to all without reproach, and it will be given him.

## **Class 4: The Life of the Heart**

The fourth class was entitled “The Life of the Heart.” The main components focused on the heart and our emotions about death. We began with affirming emotions as a good gift of God’s creation. We discussed the fruit of the Spirit working emotion in us as we grow and therefore engaging emotions is essential in our spiritual formation. We reviewed some avenues for emotional development. Then we turned to suffering and discussed three ways we can respond or react to suffering in life. Finally, we covered a biblical reflection on our suffering and a reminder of Jesus’ suffering in the incarnation and through the cross.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/E7hZGeisbaE>.

## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 4: The Life of the Heart”

In *Renovation of the Heart*, Dallas Willard describes feeling as one of those essential aspects of human life. There is considerable overlap in his book between the two categories of thought and feeling.

There is incredible power in our emotions, for good and for evil (e.g., good slaves, poor masters).

We don't master or deny our feelings (denial and repression is not the answer).

We have identity beyond our emotions.

There is more to life than our emotions, but they add necessary and useful texture to life.

Our spiritual formation over the course of our life does have an effect on our emotions.

### **How can we prepare emotionally for the end of our lives?**

God is near the broken hearted and binds up their wounds (Ps 147:3).

God tracks our tears and writes down our pain (Ps 56:8).

Grief is not wrong for the Christian. It's a normal human response to loss, it's natural in that it happens without forcing it to happen, and it's necessary for our healing to begin. It is in experiencing grief that we express our faith in Christ over the grave (1 Thess 4:13-16).

What emotions come to mind? What bubbles up to the surface for you?

### **Thinking about emotions about life and death**

*Five stages of grief* (Elisabeth Kübler-Ross)

Those five stages of grief are denial, anger, bargaining, depression, acceptance.

### *SASHET connection tool*

The acronym conveys six basic emotions: sad, angry, scared, happy, excited, and tender.

### *Emotionally healthy spirituality*

That was the most robust treatment on the integration of faith and emotional maturity.

### *The five love languages* (Gary Chapman)

These five ways are acts of service, gift giving, physical touch, quality time, and words of affirmation.

### **“The thing we fear more than death”**

Most people are more afraid of public speaking than are afraid of death.<sup>13</sup>

### **The world’s perspective on suffering**

The moralist says nothing we get is a gift; everything is earned; see Norman Vincent Peale’s *The Power of Positive Thinking* or Rhonda Byrne’s *The Secret*. There are some places in Christianity where this is the dominant view of suffering as well. Some preachers, like some of the faith healers on television (e.g., Benny Hinn) proclaim that any pain or suffering you endure is your own fault.

The cynic says there is no purpose to suffering. Life is a haphazard and uncontrolled roller coaster of pain. Maybe it can make us stronger when endured, but it is to be avoided with

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13. Glenn Croston, “The Thing We Fear More Than Death,” *Psychology Today*, November 29, 2012, accessed October 1, 2020, <http://www.psychologytoday.com/blog/the-real-story-risk/201211/the-thing-we-fear-more-death>; John R. Montopoli, “Public Speaking Anxiety and Fear of Brain Freezes,” National Social Anxiety Center, February 20, 2017, accessed October 1, 2020, <https://nationalsocialanxietycenter.com/2017/02/20/public-speaking-and-fear-of-brain-freezes/>.

maximum effort. Or, as the author of Ecclesiastes would say, it's all vapor. If you have ever read anything about postmodernism, you have a sense of the disregard of meaning and order to life.

The biblical perspective on suffering is different. Paul says we can rejoice in what we suffer and endure: "We rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not put us to shame, because God's love has been poured into our hearts through the Holy Spirit who has been given to us" (Rom 5:3-5).

### **How do we do that in the face of suffering?**

Reflect on the sufferings of Jesus who died on the cross.

Rely on his remedy for sin: Jesus has eliminated every obstacle to relationship.

Rejoice that Jesus rose from the dead into eternal life. We can rejoice in suffering.

### **Discussion outline: Class 4**

Is Halloween an emotional outlet for fear, terror, and death?

Galatians 5:22-25 (*The New Bible Commentary*, 1219): "the fruit of the Spirit here consists primarily of attitudes and actions that enhance personal relationships."

1 Thessalonians 4:13-16: Does anyone have any thoughts about the assumption that your emotional background and emotional make up changes during life?

Summary: Take in Scripture; turn in prayer that God would be maturing you emotionally and strengthening you over time; get into a good community; invest in deep and honest relationships; start sharing your heart with people.



## **Thinking about emotions about life and death**

*Five Stages of Grief*

*SASHET connection tool*

*Emotionally healthy spirituality*

*The five love languages*

Other options: Enneagram, Myers Briggs, introvert/extrovert, free tests online?

### **“The thing we fear more than death”**

*Psychology Today*: <http://www.psychologytoday.com/blog/the-real-story-risk/201211/the-thing-we-fear-more-death>

National Social Anxiety Center.  
<https://nationalsocialanxietycenter.com/2017/02/20/public-speaking-and-fear-of-brain-freezes/>

### **Suffering**

The moralist says nothing we get is a gift; everything is earned.

The cynic says there is no purpose to suffering.

The biblical perspective on suffering says to let God use it to refine you and build resilience and a new strength in you.

## **How do you do that in the face of suffering?**

Reflect on the sufferings of Jesus who died on the cross.

Rely on his remedy for sin: Jesus has eliminated every obstacle to relationship.

Rejoice that Jesus rose from the dead into eternal life. We can rejoice in suffering. We can rejoice because we know God promises complete restoration in heaven.

“God is sovereign over suffering and yet, in teaching unique to the Christian faith among the major religions, God also made himself vulnerable and subject to suffering. The other side of the sovereignty of God is the suffering of God himself.”<sup>14</sup>

### **Class 5: The Choices We Make**

The fifth class was entitled “The Choices We Make.” The main components focused on the choices we make over the course of our lives becoming relevant as we are faced with death. The *ars moriendi* documents were introduced, and a photo was shared to illustrate how they show choices we make to live faithfully. We covered three approaches to the medical arts in their second class, “The Life of the Body.” To build on that conversation, we talked about levels of medical care: curative, palliative, and hospice care. Finally, we talked about how to begin thinking about advance directives. Many resources were discussed and shared for planning for the future.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/rosaSNF4sfM>.

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14. Timothy Keller, *Walking with God through Pain and Suffering* (New York, NY: Dutton, 2013), 147.

## Gathering

## Prayer

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 5: The Choices We Make”

When we talk about our choices, we are thinking about how our will is shaped by our internal workings and guided by the work of the Holy Spirit. And just as thought and feeling have a large overlap, so also is there overlap between our thoughts, our feelings, and our wills. The choices we make over the course of our lives can become relevant as we are faced with death.

I would also like to touch briefly on something called the ars moriendi documents.<sup>15</sup>

The temptation of doubt in the virtue of faith

The temptation of despair and the virtue of hope

The temptation of impatience and the virtue of love

The temptation of pride and the virtue of humility

The temptation of greed and the virtue of letting go

The temptation of denial of death and the virtue of acceptance

The temptation of self-reliance and the virtue of dependence

The last two items were added to the list by John Wyatt in *Dying\_Well*. Wyatt uses the structure of these writings—a temptation paired with a corresponding virtue to cultivate in light of the

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15. Ars moriendi, pdf, Library of Congress, accessed September 1, 2020, <https://www.loc.gov/resource/rbc0001.2009rosen0020/?st=gallery>.

temptation. The ars moriendi are medieval letters written to encourage people to think about living well and ultimately dying well.

### **Levels of medical care**

Three medical choices exist today in American health care: curative care, palliative care, and hospice care.<sup>16</sup>

Curative care is the basic level of care for most people and the most aggressive. You're looking for a cure, and doctors can provide that.

Palliative care is the level of care when there is something going on in your body that cannot be fixed directly.

In hospice care, patients are comfortable; hospice staff work with the patient and family to prepare for the end of life. Rather than attempting to cure the disease, the focus is upon the person. Hospice approach is multifaceted: medical care, social work, and a variety of counseling services (bereavement, dietary, and spiritual counseling) to both the patient and any family.<sup>17</sup>

### **In what ways can we prepare for death?**

“What if” scenarios can lead to better planning and clear conversations with those who may need to make medical decisions on your behalf should you be unable to speak for yourself. Planning for life details around the time of death in this way is called an advance directive. In Connecticut, advance directives include the living will, health care instructions, and the

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16. Centers for Medicare and Medicaid, “Hospice and Palliative Care,” accessed November 23, 2021, <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/ltss-focus-areas/hospice-and-palliative-care>.

17. Centers for Medicare and Medicaid, “Hospice,” accessed November 23, 2021, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice>.

appointment of a health care representative. Two incredibly helpful documents can be found online by searching these two phrases. Consider speaking with a lawyer to put something in writing.<sup>18</sup>

What other choices can we make that better prepare us for the future? Consider: Do you have a will for your possessions, money, and property? passwords for online accounts or emails? book?

Each person has a different financial situation and will leave things to people who have unique needs. There are free documents and apps available online to build wills. There are financial advisors or lawyers available to guide you in organizing. With some courage to face the fact that you will not live forever, you have the ability to love your family in a way that allows them to grieve without being burdened by the difficulty of unfinished legal paperwork.

### **Discussion outline: Class 5**

Wisdom is defined as the ability to make right choices. God loves to grant wisdom to make right decisions through the work of the Holy Spirit.

James 1:5: “If any of you lacks wisdom, let him ask God, who gives generously to all without reproach, and it will be given him.” (And you shouldn’t even doubt it!)

James 2:14-26: “Faith without works is dead.” (Compare with Abraham?)

Romans 12:2

Matthew 6:33

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18. Also useful is “Advance Directives,” Connecticut State Department of Mental Health and Addiction Services, accessed October 3, 2021, <https://portal.ct.gov/DMHAS/Programs-and-Services/Advocacy/Advance-Directives>.

### **Ars moriendi documents**

The temptation of doubt in the virtue of faith

The temptation of despair and the virtue of hope

The temptation of impatience and the virtue of love

The temptation of pride and the virtue of humility

The temptation of greed and the virtue of letting go

The temptation of denial of death and the virtue of acceptance

The temptation of self-reliance and the virtue of dependence

### **Levels of medical care**

The three levels of care are curative, palliative, and hospice.

Did it surprise you the Connecticut falls nearly last in use of hospice? That the first hospice in the United States was in Connecticut? What do you think this says about Connecticut?

### **Advance care planning (health-related issues)**

In Connecticut, advance directives include the living will, health care instructions, and the appointment of a health care representative.

### **Getting your affairs in order (financial concerns)**

The concerns encompass passwords, beneficiaries, wills, estate planning, property, and insurance. You may want to consult these references:

*The Gentle Art of Swedish Death Cleaning*, Margareta Magnusson

Tomorrow App—create and print a legal will for free (<https://tomorrow.me/>)

National Institutes of Health, Getting Your Affairs in Order resources page

(<https://www.nia.nih.gov/health/getting-your-affairs-order>)

National Institutes of Health, Advance Care Planning Infographics

(<https://www.nia.nih.gov/sites/default/files/advance-care-planning-infographic-508.pdf>)

Gordon-Conwell Personal Estate Planning Kit.<sup>19</sup> Brian Gardner was very helpful and allowed me to share this information> Contact him at 978-646-4229 or [bgardner1@gordonconwell.edu](mailto:bgardner1@gordonconwell.edu) if you have additional questions.

### Class 6: The Company We Keep

The sixth class was entitled “The Company We Keep.” The main components focused on our social lives and needs for community. We began by talking about how the Ten Commandments orient us to God and to life with our neighbor. Our discussion was in greater detail than what we touched on in our second class, “The Life of the Body,” where we described the prohibition “do not kill.” Our discussion also reviewed two of the life regrets of Bronnie Ware in light of the Ten Commandments. We then covered the four “tasks” that emerge in relationships at the end of someone’s life written about by Ira Byock. He describes these as: “Please forgive me,” “I forgive you,” “Thank you,” and “I love you.” We also discussed other help for relational development using tools such as the genogram, a family rule of life, birth order, and spent time considering our family systems. Finally, we looked closely at Revelation 21 and thought about the major movement of God’s creation of a family culminating in the establishment of his city of the New Jerusalem.

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19. “Free Personal Estate Planning Kit Download,” Gordon-Conwell Theological Seminary, accessed October 3, 2021, [https://gordonconwell.planmygift.org/personal-estate-planning-kit?utm\\_source=stl&utm\\_medium=email&utm\\_campaign=AN20&utm\\_content=&subid=138876258&seed=](https://gordonconwell.planmygift.org/personal-estate-planning-kit?utm_source=stl&utm_medium=email&utm_campaign=AN20&utm_content=&subid=138876258&seed=).

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/CwnsBuvPcqU>.

## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 6: The Company We Keep”

Today we are going to talk about the importance of our social context. The Ten Commandments prescribe behavior before God and in this new and sacred community. They lay out how this new national and religious community ought to respond to their God and to their neighbor.

## **The Ten Commandments: Reflections**

The first four of the Ten Commandments relate to how to love God. The second group of commandments, commandments 5 through 10, give guidelines on how to treat our neighbor.

Jesus sums up the law and the prophets in Matthew 22:36-40. When asked about the greatest commandment by an expert in the law, Jesus answered, “You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment.” And he followed it up with this: “And a second is like it: You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets.”

Another way I have heard is Love God, love others, make disciples.



Dr. Ira Byock is a leading palliative care physician, author, and public advocate for improving care through the end of our lives.<sup>20</sup> In his books, he talks about how the four “tasks” that emerge in relationships at the end of someone’s life. He describes these as “Please forgive me,” “I forgive you,” “Thank you,” and “I love you.” Relationships are messy, and sometimes they need mending and repair. As Christians, forgiveness can play such a big role in our healing. Tools like the genogram, Enneagram, love languages tests, and Myers Briggs can all help us understand ourselves and our families in greater detail.

A genogram (a term from the Emotionally Healthy Spirituality book) is a graphic representation of a family tree that displays detailed data on relationships among individuals. It goes beyond a traditional family tree by allowing the user to analyze hereditary patterns and psychological factors that punctuate relationships.

Family systems theory states that a family *functions* as a system wherein each member plays a specific role and must follow certain rules. Based on the roles within the system, people are expected to interact with and respond to one another in a certain way. This raises questions such as What will my death or the death of a loved one play in the family? What specific roles do I play in my family?

### **Reflections about the climax of the biblical storyline**

Revelation 21:3: Remember Adam and Eve experienced fellowship with God face to face. Now that sin has been put away, we see restored relationship with God.

Revelation 21:4: Comfort will come directly from God. There will be no more pain.

Revelation 21:5-6: “Behold, I am making all things new.”

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20. Ira Bock, *The Four Things That Matter Most: A Book about Living*, 10th anniversary ed. (New York, NY: Atria Books, Simon & Schuster, 2014).

How does this impact how we think about life and as we move toward death?

### Discussion outline: Class 6

Discuss the Ten Commandments. Bear in mind they are incredibly mild and just when compared with other ancient Near Eastern law. Hammurabi's Code or other ancient law codes describe prohibitions with consequences that are morally out of proportion to the crime: stealing requires cutting off a hand, or stealing prescribes murdering your entire family. Contrast that to Exodus 21:24, the *lex talionis*, or "an eye for an eye."

The Ten Commandments prescribe behavior in this new and sacred community.

Mark 12:29-31: Jesus answered, "The most important is, [the Shema] 'Hear, O Israel: The Lord our God, the Lord is one. And you shall love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.' The second is this: 'You shall love your neighbor as yourself.' There is no other commandment greater than these."

Matthew 22:36-40: Love God, love others, make disciples.

*Top Five Regrets of the Dying*, Bronnie Ware<sup>21</sup>

*Value people, not things*

2. I wish I hadn't worked so hard.

*"Treasures" won't provide*

4. I wish I had stayed in touch with my friends.

*support on our deathbeds*

Dr. Ira Byock, the four things that matter most. In his books, he talks about how the four "tasks" emerge in relationships at the end of someone's life: "Please forgive me," "I forgive you," "Thank you," "I love you."

Can you think of any biblical examples or Scripture to reinforce these statements?

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21. Ware, *The Top Five Regrets of the Dying*; <https://bronnieware.com/blog/regrets-of-the-dying/>.

### *Tools to help us understand ourselves and our families*

Genograms display detailed data on relationships among individuals. It goes beyond a traditional family tree by allowing the user to analyze hereditary patterns and psychological factors that punctuate relationships.

Family systems theory states that a family functions as a system wherein each member plays a specific role and must follow certain rules.

Birth order is a dubious science.

For a family rule of life, see *Crafting a Rule of Life*, Steve Macchia.

What will my death or the death of a loved one play in the family?

What specific roles do I play in my family?

How do these family relationships play out in my church family?

Casket Empty series: Y for Yet to Come, we found ourselves in Revelation 21. How does the image in Revelation 21:3-6 impact how we think about life and as we move toward death?

J. I. Packer, *Knowing God*, “Adoption, the Highest Privilege Is to Call God Father” (chapter 19)

1 John 3:1-2

1 John 1:5-10

### Class 7: The Life of the Soul

The seventh class was entitled “The Life of the Soul.” The main components focused on our souls. The video began with teaching about the definitions of the soul. Jesus was identified as the one who brings the ultimate completion to the soul, the full human integration which is the shalom of God. Pastoral memoirs were identified for further study of what it means to look at

someone's life in overview to see God's formation in life. We discussed the power of life review in rediscovering who we were over the course of our lives. Psalm 71 was discussed as a form of memoir before God. We talked about the wisdom shared in the *Seven Habits of Highly Effective People*: Habit 2: Begin with the End in Mind, and how that instructs us to "Number Our Days." Numerous spiritual formation resources were shared from Ken Boa, Adele Ahlberg Calhoun, Richard Foster, and The Spiritual Exercises of Saint Ignatius Loyola. We touched briefly on the Celtic tradition of having Anam Cara, a soul friend, and how that exceeds cordial friendship. Finally, praying the hours was shared as a way to pray in the midst of all of life. Special emphasis was paid to Compline to consider attending to our souls for our daily sleep and our future sleep of death.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at [https://youtu.be/\\_zaXcJH1fJs](https://youtu.be/_zaXcJH1fJs).

## **Gathering**

## **Prayer**

**Video:** "Numbering Our Days: Living Wisely in Light of Death, Class 7: The Life of the Soul"

Words like "soul" get mixed up with "heart," "mind," "flesh," and "spirit," and blend together. The concept of the soul implies that human beings are not simply physical but have spiritual elements as well.<sup>22</sup> But is that how the Bible defines it?

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22. Jamie D. Aten, "Unlocking Inner Peace When the World Is on Fire," Psychology Today, July 8, 2020, accessed November 19, 2021, <https://www.psychologytoday.com/us/blog/hope-resilience/202007/unlocking-inner-peace-when-the-world-is-fire>.

Biblical uses of the word commonly translated “soul” frame our discussion today. The Hebrew word that is translated “soul” is first found in Genesis 2:7. The Hebrew word is *nephesh* and can be translated as soul, living being, life, self, person, desire, passion, appetite, and emotion. Paul relies on the Hebrew understanding of the soul.<sup>23</sup> Dallas Willard says, “The soul is that aspect of your whole being that correlates, integrates, and enlivens everything going on in the various dimensions of the self.”

### **Shalom of the soul**

The soul needs shalom. God promises a child will be born who will be the Prince of Shalom (Isa 9:5-6). Jesus promises the shalom of God, the peace of God, the completeness of God will be restored. And some day, his shalom will have no end in us because of his work (Rom 5:1; Eph 2:14-15).

### **Read a memoir**

Read through memoirs of pastors to see the personal stories of wholeness and completeness. Examples are Eugene Peterson’s memoir and autobiography, *The Pastor*, or Dallas Willard’s memoir written by his close friend Gary Moon, *Becoming Dallas Willard*. *Joy in the Journey* is a memoir and autobiography by Steve and Sharol Hayner. Eric Metaxas has written biographies of Dietrich Bonhoeffer and Martin Luther.

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23. J. Richard Middleton, “Paul on the ‘Soul’—Not What You Might Think,” *Creation to Eschaton*, October 23, 2014, accessed November 19, 2021, <https://jrichardmiddleton.wordpress.com/2014/10/23/paul-on-the-soul-not-what-you-might-think/>.

## **Make it personal**

When you are looking back on your own life, telling stories helps you to see the long-term effects of your spiritual disciplines and how you have grown to look more like Jesus throughout your life. Sometimes this life review can shine a light on how things went that caused events to play out in different ways.

Psalm 71 is a life review of the psalmist.

How do we think about life and consider the wholeness of our souls? Consider Sharpening the Saw, which reminds us to rest but also Habit 2: Begin with the End in Mind.<sup>24</sup>

## **Spiritual disciplines ought to match your life**

Adele Ahlberg Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us*,

revised and expanded edition (Downers Grove, IL: InterVarsity Press, 2015)

Ken Boa, *Conformed to His Image: Biblical and Practical Approaches to Spiritual*

*Formation* (Grand Rapids, MI: Zondervan, 2001)

Richard Foster, *Celebration of Discipline: The Path to Spiritual Growth* (New York, NY:

HarperCollins, 1998)

In the Jesuit tradition, *The Spiritual Exercises of Saint Ignatius Loyola and the Daily*

*Examen*<sup>25</sup>

Celtic tradition speaks of anam cara, a soul friend. This person is a teacher, companion, or spiritual director. A spiritual director can help you as you reflect on God's work in your life.

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24. "The 7 Habits of Highly Effective People," Franklin Covey, accessed September 8, 2020, <https://www.franklincovey.com/the-7-habits.html>.

25. "The Daily Examen," Ignatianspirituality.com, accessed September 8, 2020, <https://www.ignatianspirituality.com/ignatian-prayer/the-examen/>.

## **Praying the hours**

It is the rhythm of the prayers throughout the day. Compline prayer focuses you on the completion of a season, the completion of a life. As we drift to sleep we recognize the ultimate and final sleep where we enter into God's presence anew.

## **Discussion outline: Class 7**

*What is the soul, anyway?*

The Hebrew word is *nephesh* and can be translated as soul, living being, life, self, person, desire, passion, appetite, or emotion. Plato and Aristotle were creating independent philosophical definitions of the word "soul." So in the time of Jesus, the language was already fuzzy around the edges.

*Strengths and weaknesses of describing the soul this way*

Compare and contrast: Shalom (completeness) or soul (entirety of life)

Isaiah 9:5-6; Jesus promises the shalom of God, the peace of God, the completeness of God will be restored.

Romans 5:1; Paul says, "we have peace with God through our Lord Jesus Christ."

Ephesians 2:14-15; Jesus himself is our peace

*Memoir, biography, autobiography*

*The Pastor*, Eugene Peterson's memoir and autobiography

*Becoming Dallas Willard*, written by close friend Gary Moon

*Joy in the Journey*, Steve and Sharol Hayner

Eric Metaxas biographies: Dietrich Bonhoeffer, Martin Luther

Corrie Ten Boom

Life review (recalling your story): Movie, *The Giver* (habit: begin with the end in mind)

Psalm 71 (like life review): Practice your redemption, see redemption in your story

*Spiritual disciplines ought to match your life*

*Celebration of Discipline*, Richard Foster

inward disciplines: prayer, fasting, meditation, and study

outward disciplines: simplicity, solitude, submission, and service

corporate disciplines: confession, worship, guidance, and celebration

Biblically formed spirituality is Christ-centered. It centers on the Father's revealed truth, by the power of the Holy Spirit, to form the life of Christ in us. True spirituality is Christian spirituality. God's revelation is transformative and a complete standard for the formation of the spiritual life of the believer.

Simon Chan, *Spiritual Theology: A Systematic Study of the Christian Life*

Another good resource is *Christian Spirituality: An Introduction*, Alister E. McGrath

Rich Warren, *SHAPE*

Daily Examen of Saint Ignatius (Chaplain model: Action, reflection, action)

Become aware of God's presence.

Review the day with gratitude.

Pay attention to your emotions.

Choose one feature of the day and pray from it.



Look toward tomorrow.

***Rhythm of praying the hours***

Compline, 9 p.m., theme is sleep, death, ultimate hope in Christ through death

Vigils, 12 a.m., Lauds, 3 a.m., Prime, 6 a.m., Terce, 9 a.m., Sext, 12 p.m., None, 3 p.m.,  
Vespers, 6 p.m.

Consider spiritual direction or a soul friend: Anam cara

Soul growth is slow: movie, *Godspeed*

**Class 8: Caring Well for the Dying**

The eighth and final class was entitled “Caring Well for the Dying.” The main components focused on how we approach caring for the sick and dying. Photos of gravestones were shared from First Church cemetery in Old Wethersfield. The decay of the gravestones was shared to acknowledge death as an erasure of life if we do not find our identity in Christ. We discussed how the gospel offers us an “alien dignity,” and a value is placed upon us that exceeds understanding, both in life and in death. So as Christians, we can embrace this and join the long tradition of those in the church of caring for the dying and extending care for those who face death. Three tools of caring for the sick were shared, and related Bible verses were discussed: prayer, truth, and love. Some specific ways of caring within our church were described and a few warnings of caregiver burnout were also discussed, along with the need to practice self-care.

Finally, the post-class survey was explained, my thanks were shared, and a benediction was given.

Below is a short manuscript of the class video and discussion outline. The full video is available on YouTube at <https://youtu.be/67qukxV0ji0>.

## **Gathering**

## **Prayer**

**Video:** “Numbering Our Days: Living Wisely in Light of Death, Class 8: Caring Well for the Dying”

## **First Church cemetery in Old Wethersfield**

Photo 1: Hezekiah May; has anyone ever heard of Hezekiah May?

Photo 2: Brownstone, no name

Photo 3: Broken grave, destroyed gravestone

Why share these grave photos? Recall creation, fall, redemption, and glory. What happens if you eliminate Jesus? When we die, our bodies disappear, our memory disappears, it's like we never existed. Death erases life and wipes us from all memory.<sup>26</sup> Death is a unique punishment for sin. We recognize how humanity was uniquely set apart at creation! we also recognize how the Fall threatens to unmake us and erase our value.

I like the way Matthew McCullough puts it in *Remember Death*:

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26. Isaiah 22:13; 1 Corinthians 15:32.

The gospel offers a liberating, life-giving alternative to denial and despair. There is no need for denial: death's implications for who we are provide the crucial backdrop for the work of Christ. And there is no need for despair: union with Christ radically transforms who we are . . . The gospel, seen in the light of what death means for us, tells us we are important because we are loved, not loved because we're important. God's love initiates, marks us off, redefines who we are.

He says, "The dignity we feel and the indignity of death aren't in absurd contradiction. The tension comes not from some mistake in an evolutionary code. The dignity we feel is real. But death shows (the dignity) doesn't belong to us."<sup>27</sup>

The value of our life comes from above and is sometimes called an "alien dignity." Our worth is demonstrated on the cross.

The opportunity for us, as Christians, is to value each life and value the dying! The sick and dying may not be able to walk, may not be able to speak or carry on a conversation, may not be able to do anything at all—but they are still valuable image bearers of God. The first generation of apostles cared for the sick and dying. The generations of the church since have cared for the dying. Christians have literally changed the world with their long history of caring for the sick and the dying among them. Through pandemics or famine or wars, the testimony of Christianity is the care for the sick and the dying. Some churches even have special rituals for the dying.

### **Three tools: Prayer, love, and truth**

#### *Prayer*

James admonishes us to move toward the sick and dying (Jas 5:13-15). It can be very intimate to pray with someone, but I encourage you to pray about a meeting and to offer to pray with people. We don't need all the answers; instead, we can pray about all things.

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27. Matthew McCullough, *Remember Death: The Surprising Path to Living Hope* (Wheaton, IL: Crossway, 2018), 73-74.

## *Love*

Read Hebrews 13:1-3. When I think about practical things we can do to support someone in a relationship like this, I think of a variety of ways. We can listen well. Friendship consists of listening and appreciating another person's story.

## *Truth*

See Colossians 3:1-4. Dietrich Bonhoeffer in *Life Together* writes, "where the ministry of listening, active helpfulness, and bearing with others is faithfully performed, the ultimate and highest service can also be rendered, namely, the ministry of the Word of God" (103). He adds, "We should listen with the ears of God that we may speak the Word of God" (99).

We are joining God's work, participating in God's work in this person's life. It's not your mission! So look for opportunities to serve, to love, and to speak truth into someone's life.

George Herbert says, "Death used to be an executioner, but the gospel has made him just a gardener." I have heard empathy described as "the ability to recognize, understand, and share the thoughts and feelings of another person . . . It involves experiencing another person's point of view, rather than just one's own" (<https://www.psychologytoday.com/us/basics/empathy>).

What does caring for someone who is sick or dying bring up in your own heart?

## **Discussion outline: Class 8**

In some ways, this is the wrong question because how you care for the dying is how you can for anyone else.

If you have been to a funeral or had a personal loss: What was helpful? What was hurtful?

Photo 1: Hezekiah May

Photo 2: Brownstone

Photo 3: Broken grave

There is a creative tension between the two points: beautiful creation versus fallen creature. The transience of life is like vapor. Value is in the eye of the beholder! God holds our value. The value of our life comes from above: “alien dignity.” The worth of our lives is demonstrated on the cross. There is a long Christian tradition of caring for the dying. Hospital development and scientific thought was able to flourish in cultures where Christianity was the backdrop to serve as guiding principles.

*Prayer, love, truth*

***Prayer:*** James 5:13-15

***Love:*** Hebrews 13:1-3; love languages; life review (listening); Life Review “Legacy Project”

***Truth:*** Colossians 3:1-4; memorize Scripture to add into prayers

***Saint Francis:*** “Preach the gospel, use words as necessary.” This quote probably is not from Saint Francis, and we definitely need words to convey the message of Jesus. Join God’s mission!

### *Empathy*

“Empathy is the ability to recognize, understand, and share the thoughts and feelings of another person . . . It involves experiencing another person’s point of view, rather than just one’s own” (<https://www.psychologytoday.com/us/basics/empathy>).

### *Your own feelings, your own anger*

### *Caregiver burnout*

Burnout can be caused by too much long-term stress. It occurs when you feel overwhelmed and can’t meet constant demands. You may lose interest, motivation, or self-discipline or feel depressed.

### *Feed your soul!*

We are nourished by the true Bread of Life. Read God’s Word, pray, connect with other Christians, and use other spiritual disciplines to help you along the path toward maturity.

### *Stephen Ministries for training here*

### *I’m available if you need help*

### *Survey reminder*

## *Benediction*

May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope (Rom 15:13).

### **Post-Class Group Survey**

The survey, the full text of which is in Appendix B, was emailed to class participants after the completion of the course. The content of this class was shared with a member of Kookan Research and Consulting.<sup>28</sup> After the consultant reviewed the video class material, we discussed which questions to use to evaluate the program, and suggestions were made for the survey. The consultant made suggestions about the best way to acquire feedback. She also advised how to best arrange the questions to acquire the most feedback possible. One suggestion was beginning the survey with the multiple-choice questions (using the Likert scale) using short-answer questions, the format and placement of the questions, and the style of the online Google Forms Survey were the result of these conversations.

The survey was arranged with thirty-one multiple choice questions coming first. Some required true or false answers while others were multiple choice. A Likert scale was used in some of the questions where participants could specify their level of agreement to the statement with a five-point scale: (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree. This first section of multiple choice questions was followed by the second section, which included eight short-answer questions.

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28. Kookan Research and Consulting, LLC, accessed November 9, 2021, <https://www.kookanresearch.com>.

## **Feedback Group Survey**

The survey, the text of which is in Appendix C, was emailed to feedback group participants. It was distributed shortly after the completion of the Sunday school class in the fall of 2020. It was modeled after the first survey given to the class participants. However, there was a shift in focus of the questions for more specific evaluation of the material. This was not a focus group that would gather to discuss the videos. Rather, it was a large group that would review the material and offer their impressions for future refinement. Those in the feedback group were emailed a PDF document with a list of links to videos on YouTube. They were asked to watch the eight videos (about two hours total) and then visit the Google Forms Survey included in the document. They were asked to evaluate the information contained in the videos and the overall presentation of them without the discussion time afterward, which occurred in the original Sunday school class. This allowed participants to evaluate independently the material at their leisure, while also allowing for supplementary feedback of the course within their given specialty areas.

The feedback group consisted of three different types of reviewers. The categories were utilized to review the material from three different points of view. Those asked to review have experience working in health care or in ministry; others were pastoral friends. These categories of people were chosen to give more specific feedback in these three areas. Those with experience working in health care varied slightly from being a registered nurse (RN), advanced practice registered nurse (APRN), and medical doctor (MD). Those invited with experience in ministry functioned in some ministry capacity for preaching and teaching in a church or parachurch ministry. Finally, pastoral friends are those friends who I know are Christians who minister to others but would not officially describe their work as a ministry.



The original class was held in Connecticut. A vast majority (fifty out of sixty-one respondents, almost 82 percent) of those who were able to complete the survey were native to Connecticut.

There were twenty-nine multiple-choice questions in the first section. Some were true or false, while others were multiple choice. A Likert scale was used in some of the short answers in which participants could specify their level of agreement to the statement with the five points: (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree. This first section was followed by a section that included the same eight short-answer questions used in the class survey.

### **Conclusion**

In the next chapter we will think critically about the material and the presentation of the adult Sunday school class. Because the intent was to provide an arena for the church to discuss life and death and the many issues that surround it, we will analyze the material presented in video format, the structure of the discussion, and the results of the class survey and the feedback group survey. The hope is that in looking deeply at the material and survey results, it will be possible to improve the presentation of this difficult material in the life of the church and to encourage a congregation to live well in light of death and practice Paul's words, which remind us that to live is Christ and to die is gain.

## CHAPTER 5

### PROJECT RESULTS AND CONCLUSIONS

My thesis-project sought to develop a program for a Sunday school study class at Wethersfield Evangelical Free Church in the fall of 2020 entitled “Numbering Our Days: Living Wisely in Light of Death.” Remembering that Revelation 12:11 says, “And they have conquered him by the blood of the Lamb and by the word of their testimony, for they loved not their lives even unto death,” my goal was to equip Christians so that they might not fear death. However, this was not my only goal. Along with this, I wanted to equip Christians as they journey along the path toward greater love, wholeness, hope, and faith in Christ, all in light of death. This training was to prepare them to not shrink from death but to conquer death and the devil by the blood of the Lamb and the word of their testimony. Since I wanted to provide a space for the church to discuss life and death and the issues that surround it, it is necessary to analyze the results of surveys of class participants and the feedback group. But was the presentation successful in doing what it was designed to do? Offering a congregation tools to consider death and to live well can be challenging to assess because the ultimate proof of this unique nuance of discipleship lies in eternity. My hope is that this experience gave my congregation a new appreciation of their biblical life roles and priorities. I also hope it illuminated how issues of death and dying are already present in the liturgy. These things can be measured even if ultimately the results belong to the Lord. The survey gave some good data for program evaluation and improvement. This survey feedback will assist in refining the material presented in video format and the structure of the discussions. It is necessary to think critically about the survey results of the adult Sunday school class in the hope of improving the presentation of this

difficult material in order to encourage congregants to number their days and have a heart of wisdom.

### **Sunday School Post-Class Survey Results**

I will begin by looking at the overall reflections of those who attended the class and filled out a survey, which was distributed I November 2020. The full results of the Sunday school survey are included in Appendix D, and responses to the short-answer questions will be numbered for reference since the survey was completely anonymous. Of all those who responded to the survey, half were able to watch all eight videos, or 9 of the 18 responders (or 50%). A majority of the class, 16 out of 17 responders (or 94%), responded with “Agree” or “Strongly Agree” that they were comfortable with the topics presented in the class. Every one of the 17 responses of the survey selected “Agree” or “Strongly Agree” that they thought this presenter was clear, pastoral, and knowledgeable about the subject matter. This was an encouraging form of review since these questions formed the basis of the survey. I wanted a good amount of feedback from the class and for class members to be as comfortable as possible with my manner of presentation in the midst of delivering what could be uncomfortable material.

During the process of advertising the class at church, numerous class attendees admitted to having a close connection to medicine. This became something I wanted to be aware of in the survey results. Of those who filled out the survey, 13 out of 17 people (or 76%) acknowledged some connection to health care. The options selected were “I work or have worked in health care” and “someone close to me works/worked in health care.” Also, consider that 4 out of 17 (or 24%) identified as having an illness, 5 out of 17 (or 29%) had someone who was ill within their family circle, and 4 of 17 people (or 24%) were a caregiver for someone who is ill. These

questions explored the background of those filling out the survey. The results that 4 people in the group identified as having an illness both surprised and intimidated me. I wanted to be faithful to support these people in their health journey. Those who are ill or support someone who is ill have direct opportunity to consider what will be taught and receive support in the class discussions from what is shared. So these questions were used to gauge how many people have direct connections between what is taught and their life. These questions were not included in the survey of the feedback group because they were able to select a specific area of specialty.

Consider the details from Pew Research Center's Religion & Public Life Project: 72% of Americans have thought of end-of-life wishes. But less than half of them (35%) have written anything down in preparation for that day.<sup>1</sup> Participants in this class were asked whether they "spent time thinking about my own death." Only 10 of 17 (or 59%) responded that they "Agreed" or "Strongly Agreed" with this statement. When asked whether they had already taken steps to prepare for the end of life, 7 out of 17 (or 41%) "Agreed" or "Strongly Agreed" with this statement. That is, the class results were similar to the Pew Research Center results. A higher percent of class members have thought about the end of their life than have taken steps of preparation.

When asked if this class has made it more comfortable for respondents to think about death, 12 out of 17 (or 71%) "Agreed" or "Strongly Agreed" with this statement. Also, 13 out of 17 (or 76%) "Agreed" or "Strongly Agreed" that they will take steps to prepare. This is an encouraging statistic because not only did it make it easier for people to think about the end of their lives, but more than three quarters have a tangible next step in preparation. This is the deficit I wanted to speak into that was highlighted in our survey and the Pew Research Center: to

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1. "Views on End-of-Life Medical Treatments," Pew Research Center, Religion & Public Life Project, November 21, 2013, accessed March 18, 2021, <https://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>.

engage a congregation to do some of the work of end-of-life preparation to better prepare their souls for eternity.

When asked if this class helped them to address their fear of dying, a rather low portion of the class was in agreement with this statement. It was recorded that 7 out of 17 (or 41%) “Agreed” or “Strongly Agreed” that this class helped to address the fear of dying. But consider this question with the next, which asked if faith in Jesus Christ was strengthened. Also 13 out of 17 respondents (or 77%) “Agreed” or “Strongly Agreed” that this class strengthened their faith. I find it surprising that only 41% agreed that this class helped them with their fear of dying but 77% agreed that this class strengthened their faith. Thanks be to God that this class fanned the flame of faith in the life of our church. But why did it not directly relate to alleviating the fear of dying in the lives of God’s people? Should I ever adjust this survey material, I would suggest additional questions in this area to gauge the connection that is understood between these two points. This is where an assessment before the class began and an assessment after the class would have provided more insight. A simple question could be included about the level of fear associated with dying before the class began and again after the completion of the lessons. We touched on attitudes toward dying, but I did not specify clearly what that is. There could be fear of pain and suffering, fear of leaving family, or a fear of punishment and judgment. It would be essential in future surveys and assessments to define in more detail what fear of dying may look like for them as to better assess the class. We could also parse out how to ease those fears and encourage those in attendance to rely specifically on aspects of their faith in light of eternity.

The final question before the questions that focused on the individual classes asked if participants would request this class be taught at their church, and 13 out of 17 (or 76%) of respondents “Agreed” or “Strongly Agreed” with this statement. Since this survey was given

after the completion of the class, this question assesses whether the participants benefited enough from this experience to have asked for this knowledge base. Seeing the class from start to finish, would they have asked for this experience? And 76% agreed they would have asked for this class to be taught in church.

Let us consider the questions regarding content of the classes. In order to conserve the focus for the short-answer questions at the end of the survey, only two questions to evaluate content were used. (This was a suggestion from the consulting representative.) Due to question fatigue, the number of respondents already decreased throughout the survey, and I wanted to conserve their energy for the short answers in the second section.

Beginning with the first class, “The Demographics of Dying,” we looked at the relevance of the demographic details in connection to the rest of the class and the biblical framework of creation, fall, redemption, and glory (also called consummation). Of the class, 13 of 16 responses (or 81%) “Agreed” or “Strongly Agreed” that the demographic details were relevant to the rest of the class. These details set the groundwork and relevance of the class, so I was grateful that so many saw the connection as well. When asked if they think more about their faith in light of the biblical framework, 11 of 15 (or 73%) “Agreed” or “Strongly Agreed.”

In class 2, “The Life of the Body,” I asked if the three levels of medical care that were discussed helped people to think biblically about the medical care they chose. It was noted that 14 of 16 responders (or 88%) “Agreed” or “Strongly Agreed” with this statement. In the second class we also discussed the physical and spiritual transitions that happen at the end of life. All 16 respondents (100%) “Agreed” or “Strongly Agreed” that this was helpful for them to be a better caregiver.

For the third class, “The Life of the Mind,” I asked whether the “Top Five Regrets of the Dying” helped spur on faith in light of living well. For this question, 12 out of 15 (or 80%) percent of the respondents “Agreed” or “Strongly Agreed” that these were helpful. When baptism and communion are celebrated, 12 of 14 (or 86%) “Agreed” or “Strongly Agreed” that they would have a deeper appreciation of the life and death of Christ. I am glad to highlight the biblical symbolism and encourage our church into a deeper appreciation of the sacraments. These numbers are not mutually exclusive. However, the results of these two questions surprised me slightly. I would have expected slightly different results to these questions. I would have anticipated that the class universally enjoyed the discussion around “Top Five Regrets of the Dying” since the class seemed so engaged in conversation when they were discussed. More discussion was generated by the topic of regrets than about the sacraments. In our class discussion time, I had to end the conversation brought about by Ware’s book in order to move onto the discussion of the sacraments.

In the fourth class, “The Life of the Heart,” I asked about the conversation covering suffering and the Christian life. All of the 15 responders (100%) “Agreed” or “Strongly Agreed” with this statement. Not all participants lived in the town where our church is located. However, I wondered about the engagement with the topic of suffering and the demographics details of the town of Wethersfield, Connecticut, that was discussed in chapter 1. I had concerns that the lack of racial, financial, and vocational diversity would hinder the topic of pain and suffering in our class. I was encouraged that this topic was so well received and how all responded favorably to the impact of the video and the discussion after the video. When asked about whether they see emotional development as an important task to do in light of death, 14 of 15 (or 93%) “Agreed” or “Strongly Agreed.”

In the fifth class, “The Choices We Make,” I asked about the effectiveness of our conversation about the different levels of medical care (curative care, palliative care, and hospice care) in preparing us for future health care options. Of those who responded, 11 of 14 (or 79%) “Agreed” or “Strongly Agreed” that our discussion was good preparation for the future. These choices were an addition to the different philosophical perspectives toward medical care (medical vitalism, quality of life, sanctity of life) that we discussed in class 2. The long-term impact of this teaching will, I hope, be seen as those who attended navigate medical care in their future. If there were to be any longitudinal component of this study, it would be to follow up with class participants to see how this class has impacted them in the next few years as they continue to internalize these ideas and implement them within their own unique medical journey. Our class also covered ways to prepare for the future. Many resources for advance care planning were shared. Of those who participated in the survey, all of the 14 responders (100%) “Agreed” or “Strongly Agreed” that it is important to “get my affairs in order.” This class also covered the medieval book tradition of preparation for death through the *ars moriendi* tradition, but in order to prioritize the major aspects of the class, no questions were generated for this portion of the video and discussion. However, a few participants acknowledged this in the short-answer section as something they were not familiar with and would like to look into as future study.

In the sixth class, “The Company We Keep,” I drew a connection between the Ten Commandments and Revelation 21 and the completion of God’s family. In the class, 13 of 14 (or 93%) “Agreed” or “Strongly Agreed” that our discussion made this connection clearly. The second question identified the phrases by Ira Byock. All 13 respondents “Agreed” or “Strongly Agreed” that these statements helped them think about the power of and need for restored relationships.



In the seventh class, “The Life of the Soul,” I discussed the biblical language about the soul. In the class, 13 of 14 (or 93%) “Agreed” or “Strongly Agreed” that our discussion was helpful and clear. This was enforced when three commenters responded to the question, “What topics covered interested you the most?” by acknowledging the discussion about the soul as an area of interest. I also shared various spiritual disciplines and avenues for spiritual growth. Of those in our class, 12 of 14 (or 86%) “Agreed” or “Strongly Agreed” with understanding the importance of using spiritual disciplines that fit our soul. Interestingly enough, no one specifically mentioned the phrase “spiritual disciplines” as areas of further interest. However, numerous spiritual disciplines were identified when people were asked in question 3, “What is one step that you will take to prepare for death?”

In the eighth and final class, “Caring for the Dying,” I discussed the tension between being wonderfully made and yet a fallen creature. From the class survey, all 14 responses (100%) “Agreed” or “Strongly Agreed” that our class discussion made this tension clear. We also described the three tools of caring for the dying: prayer, love, and truth. In the survey, 13 of 14 (or 93%) “Agreed” or “Strongly Agreed” that the discussion of these three tools helped to prepare them for caring for the sick and dying. When asked in question 8, “What topics covered interested you the most?” at least 6 responses indicated caring for the dying as a topic that interested them most. Overall, I think this was a strong class and the material was well fitted to communicate with our congregation. In future versions of this class, perhaps more could be taught, or further discussion could be encouraged.

## **Class Responses to Short-Answer Questions**

In the second section of the survey, short-answer questions were used to elicit specific feedback from the class. This is a summary discussion of the responses recorded for each question.

The first short-answer question asked specifically how the class impacted the attendee. Fifteen people responded when asked “How has this class influenced your thinking about death and dying?” Many identified that the class aided them in thinking about these issues in a helpful environment. Some of the comments focused around relationships within the class and with immediate family and stated the benefits of having a community discussion like this. Three respondents identified that they wanted to take the experience of the class and use it for the betterment of their family. For instance:

I need to take more specific steps regarding final decisions in order to relieve my children from having to make them and to prevent any disagreement between them as to what should be done (answer 2)

I need to be more active of my relationship to my family and friends. Also to prepare the financial aspect of it. (answer 6)

Confirmed I’ve planned as well as I can with my Living Will and making my wishes known to my wife. I feel I’m ready whenever Jesus comes to take me home. (answer 10)<sup>2</sup>

Numerous elements of our class focused around communicating with close family to open up avenues of communication with them about these heavy issues. There were also biblical precedents shared for the importance of the immediate family and the family of faith.

The second short-answer question asked, “Did anything make you uncomfortable?” Eleven people responded to this question. This question was important because I did not want those in attendance to be uncomfortable with the topics and ideas for discussion. One of my

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2. The author distributed this survey to class participants via email in November 2020. Responses have been edited only for small, evident spelling errors.

primary opportunities was to create spiritual support for those in need. The secular response to this vacuum has been documented in chapter 1, and Christians need to take the opportunity to invest in this conversation. Many of those who responded to this question did not have anything that made them directly uncomfortable. The class may have attracted those who were prepared for these serious discussions, so I was grateful those who participated were not uncomfortable. Of interest, some participants who had some difficult relationship issues in their past said our discussion was challenging for them because of their family history. Another person admitted to feeling uncomfortable when they noticed that they were neither a health care worker nor direct caregiver for a very ill person. This person said it felt less relevant to them and stopped attending despite our email correspondence and my encouragement that I designed the class for everyone. Also of note, one responder said they would have liked a more thorough representation of the biblical view of cremation. In the video where I cover cremation as a concern for the end of the human body, I gave no argument against cremation as an appropriate practice for Christians and tried to bring it into the framework of biblical theology we laid out in the first class. While I personally remain convinced that this is a practice not explicitly covered in Scripture, I appreciated this comment and the portion of our discussion time with those who attended our class who raised this as an area of concern. The counterargument raised by class participants during our discussion time framed the reasoning against cremation; they spoke of the Christian approach to the sacred wholeness of the body God gave us in recognizing it as a good creation and its preservation for the resurrection of the dead:

I would have liked a more thorough examination of cremation as being appropriate for a believer. (answer 11)<sup>3</sup>

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3. Class survey, November 2020.

The third question asked, “What is one step that you will take to prepare for death?” Fifteen people responded to this question. This question was formed with a view of two Hofstede categories: uncertainty avoidance and long-term orientation. Though this information was not specifically brought into play for this survey, some questions were formed with those categories in mind. I specifically wanted to leverage these numbers to make it easier for people to choose one specific opportunity for growth and preparation for the end of life. Numerous of those who responded offered feedback related to specific spiritual disciplines suggested within the class. Many said they would practice prayer, submission, considering relationships, and remembering death as a part of their spiritual reflections. Others suggested specific practical steps of advance planning such as creating a will, funeral planning, discussing wishes and plans with family, gathering passwords and financial instructions, and preparing together with family.

The fourth question asked, “How will that one step you described in the previous question help you to live well today?” Fifteen people responded to this question. Due to the nature of this question, it relies on the previous answer from question 3. The responses could be taken in pairs so that the responses indicated how participants were engaging and internalizing what they learned in the class. Notice this pair of responses from questions 3 and 4. The respondent wants to practice living in the moment and being prepared for death. They express reliance upon God for the future moments when their death comes. This preparation will help them, they describe, by helping them rest in God’s grace. I think this response shows how the overall message of this class has made an impact on this individual as they process the material and make life considerations and changes in light of death.

Question 3 asked, “What is one step that you will take to prepare for death?”

I try to live in the moment and be prepared each day. Of course, never having faced death yet, I am trusting that God’s grace will be sufficient for me when that time comes. I don’t

look forward to suffering and pain, if that comes. However, knowing I will spend eternity with Jesus gives me a peace and a hope. (answer 10)<sup>4</sup>

Question 4 asked, “How will that one step you described in the previous question help you to live well today?”

Resting in God’s grace. (answer 10)<sup>5</sup>

Another response was simple but reiterated the message that preparing for death can indeed take pressure off of the heart and mind for both the individual and the family.

Discussion with family (question 3, answer 12)

It will be a load off my mind (question 4, answer 12)<sup>6</sup>

Another respondent acknowledged that their steps to live by faith and act on family relationships would help them to live their faith in Jesus with less worry, anxiety, and fear:

One step I will take to prepare for death, is to continue to live by faith. I also, think forgiveness is extremely important aspect of the “healing” process and restoring of “broken relationships” that could take place during the dying process and would be of benefit to all—something that I will continue to look at and work on. I also, would consider making a living will. (question 3, answer 15)

Continuing to live by faith in Jesus Christ, will only strengthen me, so that if met with any adversities, illness, or possibilities of death in the future—I will live with less worry, anxiety, or fear. (question 4, answer 15)<sup>7</sup>

Question 5 was one of the more important questions. It asked, “One thing the presenter could have done better was.” It asked directly for an area of improvement. Thirteen people responded with helpful feedback. Some feedback conflicted directly with another comment. But overall, even the comments that were in conflict with each other yielded information for

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4. Class survey, November 2020.

5. Class survey, November 2020.

6. Class survey, November 2020.

7. Class survey, November 2020.

development in three areas: my presentation style, the material in the videos, or the class format in general. One respondent said,

Engage more of the class . . . some people came to all 8 sessions and never said a word. Granted this is a harder thing to do in zoom class than in person. (answer 2)<sup>8</sup>

Considering my presentation skills, some respondents commented that I could have engaged with the class more. Specifically, even after attending all eight classes some had not engaged with any of the discussion. This is good feedback because if the discussion were in person, I may have been attentive to see those who looked eager to share and draw them into the discussion. I did try to leave moments of silence in the Zoom discussion time, and I asked open-ended questions to draw out discussion. But with the new hosting platform of Zoom, this was an area where my inexperience came into play. I have since learned about breakout rooms in Zoom that create smaller groups in the larger class format. The larger group might have been uncomfortable for sharing sensitive information and perspectives. However, a smaller cluster of participants could have allowed for more intimate sharing. It was more difficult to prepare for the class and discussion, especially with the added layer of technical issues. If this class were held again in person, it would be helpful to assess this after an in-person class with individual table discussions.

Additionally, a few people commented that the video could have been produced with higher quality. I wholeheartedly agree. If the videos were ever reproduced, I could see numerous ways they could be improved. The colors, the script, the sound, and the images all come to mind when I think of areas of improvement. The deadline of the classes did have some impact on the production of the videos. The pressure of creating them weekly hindered my ability to research video methods and develop them in their own right. While I did ask friends with skill in this area,

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8. Class survey, November 2020.

working with a finished script for all eight videos, someone with more design skill, and a production team would yield more professional results. Since the creation of the videos, I have learned about narration software that allows a presenter to read on one's device while recording videos. This would allow for more eye contact and time directly on camera for discussion.

Thinking about the videos, a few people responded that the video material was too much information and was presented too quickly. This would have to do with the material I created for each video. Every week I emailed the Zoom link for joining the class, and in that email I included the link to YouTube so the class participants could have access to the previous week's video. Some people shared that reviewing the video material was vital for understanding the content. They described the language as more academic and more difficult to grasp because of the rapid pace of the video:

Break down material into more manageable portions. Great content. Sometimes too much to grasp it all. (answer 1)

In his prepared session, he could have gone a bit slower in the presentation. There was a lot to take in, especially if you were taking notes. It was beneficial to have video to refer to subsequent to class. (answer 9)

It felt like too much material for each class. Dan is great and knowledgeable, but for the purpose of discussion I had so many thoughts to share that I left a lot unsaid. I expect others did as well. (answer 11)<sup>9</sup>

Some attendees may have been able to share their thoughts and emotions better in the less formal digital environment. However, most of the feedback indicated that if this class were ever offered again it would be stronger if it were offered in person. In addition, the video portions could be shared before the class session to give participants the ability to watch the video beforehand in order to digest more information. This would give more exposure to the material and allow for better class engagement and discussion.

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9. Class survey, November 2020.

Not present so much information in each session. I wasn't always sure how the flow was matching the topic. Perhaps an accompanying workbook that the class could use for the purpose of discussion after viewing the video might help. (answer 31)<sup>10</sup>

A workbook could be utilized to outline the spine of each discussion. It would be labor intensive to construct and arrange, but it would allow deeper engagement with both the videos and class discussions. At the end of each section, there could be an easy reference for the details related to each class for going deeper. This would also allow for a repository of resources, easier notetaking, and more opportunity for reflection after the completion of the class.

For the sixth question, I asked, "What did you enjoy most about the entire Sunday school class?" There were sixteen responses. Some highlights include the positives of deep talks, the book recommendations, introduction to new resources, feedback from others, and the openness to hearing others' viewpoints and perspectives. Other points included my thoroughness as a presenter and as a facilitator with the ability to redirect conversation to our topic of discussion.

In question 7, I asked, "If this class was ever offered again, what would you like to see done differently? Topics covered, format, organization?" Thirteen people responded. A few comments also suggested technical improvements in audio and visuals. I have since learned that some conferencing platforms allow facilitators to mute participants who are making distracting noise (these platforms could be used in the future). Some people offered specific suggestions for future videos, topics, and the use of written materials. One responder said,

I could have done without the video on showing the gravesites. I didn't get much out of that. (answer 9)<sup>11</sup>

My intent in using gravesite photos was to draw from the gospel the tension between the value of human life, yet how death comes to all and threatens to erase our value. This is an important fear

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10. Class survey, November 2020.

11. Class survey, November 2020.



to confront in light of the value placed upon us from above being creatures made in God's image. It appears more honing of this gospel hope in light of this discussion could be necessary.

Another comment was robust and made numerous important suggestions. This person indicates opportunities to go deeper with regrets; family relationships, particularly dynamics at the end of life; fear associated with death; life after the death of a loved one; the purpose of life; and finally the topic of the journey to Jesus after death.

I would like to suggest more discussion about the fears associated with illness and dying, from the friend/family/caregiver perspective, ie: friends and family oftentimes pull away from the person who is sick or dying. I would like to explore this more. I also feel that many of those that are dying are fearful as well: fearful of what will happen to their loved ones in their absence; fearful of what will happen to them when they die (where am I going?); fear of regrets; the realization that life is but the blink of an eye, and what was its purpose . . . I would also like to learn more about the path or journey to Jesus once Christians die. (answer 4)<sup>12</sup>

This is a great comment because there are many tangible ways to improve the videos and discussions with additional topics.

Another commenter suggested I speak more about the afterlife. Interestingly, I did not include much from Scripture about heaven. Though as part of my preparation I reviewed different books about heaven, I intentionally did not include this material.<sup>13</sup> Rather, I focused on the language of the kingdom of God, as it seemed to align with the fourfold way I presented the gospel message: creation, fall, redemption, and glory.

For the eighth and final question for our Sunday school survey, I asked, "What topics covered interested you the most?" Fifteen people responded. All of the comments were very helpful about various sections of the class that were most interesting. The largest collection of

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12. Class survey, November 2020.

13. Some material considered for this part of our discussion came from Randy C. Alcorn, *Heaven: A Comprehensive Guide to Everything the Bible Says about Our Eternal Home* (Wheaton, IL: Tyndale House Publishers, 2004), and Marcus Nodder, *What Happens When I Die?: And Other Questions about Heaven, Hell and the Life to Come*, Questions Christians Ask (UK: The Good Book Company, 2013).

responses referenced how the most interesting topic was class 8, “Caring for the Dying.” It could be helpful if this occupied more of the class focus in future versions. It was added into the class in order to bring some of the abstract concepts into the practical experience of caring for the sick and dying. This topic could be developed as a separate study because it could cover in detail how the sick were cared for throughout Scripture and within the tradition of the church. With the wealth of information available this could become a class in its own right, and it occupied only one class within this study. One thoughtful comment described the many aspects that they found interesting:

I learned a tremendous amount about the topics presented. Some topics that interested me the most were: the biblical language of the soul, baptism/communion and how its symbolism in life and death in Christ, the topic of “suffering” and what that looks like for Christians, spiritual aspects of death and dying, faith in light of: creation, fall, redemption, and glory. (answer 15)<sup>14</sup>

### **Survey Results from the Feedback Group and Comparisons**

Let us now look at the overall reflections of those who participated in the feedback group. The full results of the feedback group survey are included in Appendix E, and responses to the short-answer questions will be numbered for reference. With the relaxed nature of the feedback group, it was expected that a majority of those who participated would watch as many videos as possible at their leisure before filling out the survey, which was distributed between December 2020 and August 2021. This was indeed the case, as 53 out of 62 (or 86%) participants of the feedback group watched all eight videos. A majority of the feedback group 58 out of 61 (or 95%) responded with “Agree” or “Strongly Agree” that they were comfortable with the topics presented in the class. Three respondents remained neutral to whether they were comfortable with the topics presented. This was similar to the class results, where 16 of the 17 responses (or

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14. Class survey, November 2020.

94%) responded with “Agree” or “Strongly Agree” that they were comfortable with the topics presented in the class. A majority of the feedback group 59 of 61 people (or 97%) selected “Agree” or “Strongly Agree” that they thought the material was clear and well presented. This result is similar to the survey results from the class. Everyone who responded in the survey (61 people in all) selected “Agree” or “Strongly Agree” that they thought this presenter was clear, pastoral, and knowledgeable about the subject matter.

A significant number of the attendees in the feedback group were connected to health care. This detail clarified the need to represent accurately modern medicine. I do not want to misrepresent health care in my teaching, as that would reflect poorly on both the material and the teacher. Thus a category of medical professionals were included in the feedback group. When asked to self-identify in the survey, there was a great deal of overlap in the answers because respondents were able to select more than one option. When asked which option best describes them, there were 60 responses; 28 selected “I work or have worked in health care” and 29 selected “I work or have worked in ministry.” Finally, 28 selected “I am a pastoral friend of the presenter.” The positive aspect in this question is that I could sort the data to see details unique to health care workers, those in ministry, and other pastoral friends. In essence, this feedback group consisted of one heterogeneous group of three homogeneous groups. However, the data became mixed because participants could overlap in roles. Christians who worked in health care were included in this feedback group and survey. Some play active roles in their church ministry or have done so in the past. Unfortunately with the structure of the options and because more than one option could be selected in the survey, it did not allow me to isolate those in the feedback group who were specifically Christians from those who were not. Should this survey ever be done again, I would adjust the categories in the survey to better identify those in the feedback

group. This would allow better categories to screen the data in order to consider the benefit to Christians and the separate benefit of this class to health care workers.

Participants of this feedback group were also asked whether they “spent time thinking about my own death.” Forty-eight of the 61 responses (or 79%) said they “Agreed” or “Strongly Agreed” with this statement. When asked whether they had already taken steps to prepare for the end of life, 35 of the 61 (or 57%) responders “Agreed” or “Strongly Agreed” with this statement. Though the number of people who have thought about their own death was higher in the feedback group, the results were similar to both the class results and the Pew Research Center results. A higher percent of the feedback group has thought about the end of their life than have taken steps of preparation. I cannot quantify why the feedback group respondents acknowledged they have thought about their own death 20% more than members of the class. I can speculate that both health care workers and those in ministry regularly live in the presence of death and have become more reflective of the end-of-life issues which may arise.

When asked if this class has made it more comfortable for respondents to think about death, 46 out of 60 (or 77%) “Agreed” or “Strongly Agreed” with this statement and 46 out of 61 (or 75%) “Agreed” or “Strongly Agreed” that they will take steps to prepare. These results agreed with the survey findings of the Sunday school class. The class did provide avenues for reflection of the end of life and made for tangible next steps in the preparation process.

When asked if these videos helped them to address their fear of dying, a slightly higher portion of the feedback group was in agreement with this statement. It was recorded that 31 out of 61 (or 51%) “Agreed” or “Strongly Agreed” that these videos helped to address the fear of dying.

When the feedback group was asked if their faith in Jesus Christ was strengthened as a result of this class, 45 of the 61 responded (or 74%) “Agreed” or “Strongly Agreed.” These details were also very encouraging. This class strengthened the faith in Christ of those in the feedback group in similar measure to the class. When I isolated the participants of the feedback group who self-identified as working in ministry or as pastoral friends, the average score of those who included one or more of those was a 4 or “Agree” on our scale. When those who identified solely as working in health care, I would have assumed this population did not have a religious background. However, they also had an average score of 4 or “Agree” on the scale when asked if their faith in Jesus Christ was strengthened as a result of this class. So there was no statistical difference between feedback group populations who participated in the survey. This class was able to encourage the faith in Jesus Christ of those who did not indicate an intimate involvement in the church.

The final two questions before the survey asked questions focused on the individual classes. The question asked if they would request this class be taught at their church and 43 of 57 responders (or 75%) indicated “Agreed” or “Strongly Agreed” with this statement. Since this survey was given after the participants watched the videos, this question assesses whether the participants benefited enough from the video sessions to have gone deeper with the overall experience. After viewing the videos, 75% would have agreed they would have asked for this class to be taught in their churches. Additionally, 35 out of 56 (or 63%) “Agreed” or “Strongly Agreed” that they would request this class be taught within their health care setting. This was a result that surprised me, as the class was not created with a health care setting in mind. Surely the class material would have to be adjusted to fit within a health care institution, but it is not

impossible for health care providers to benefit from this curriculum. In fact, 63% of respondents believe it would be a good fit for their health care contexts.

Beginning with the first class video, “The Demographics of Dying,” we looked at the relevance of the demographic details in connection with the rest of the class. It was a high number 57 of 61 (or 94%) of the feedback group who “Agreed” or “Strongly Agreed” that the demographic details were relevant to the rest of the class. This was a noticeably higher number in percent than the class results. From the class survey, it was 13 out of 16 (or 81%) who “Agreed” or “Strongly Agreed.” Perhaps one of the reasons were those in medicine and those in ministry have a strong grasp on the more abstract changes in life, health, and the need for a class like this. Among the 21 responders who selected only a connection to health care, all of them “Agreed” or “Strongly Agreed” that these details were relevant to the rest of the class. When asked if they think more about faith in light of the biblical framework of creation, fall, redemption, and glory, 42 of 60 (or 70%) of everyone surveyed answered with “Agree” or “Strongly Agree.” When the data were separated to explore the differences, 14 of 21 (or 67%) of those with only a health care background thought more about their faith in the biblical framework. This was not surprising, because there was no faith tradition assumed for the medical feedback group. This number was compared with those with a ministry or pastoral connection. Among those with a ministry or pastoral background, the number was 28 of 38 responses (or 74%) who “Agreed” or “Strongly Agreed” that these categories were effective frames to use. I would have assumed this number would have been higher simply because this group was assumed to be Christians. I cannot help but wonder if this material could have been presented more precisely or if it warranted a more thorough discussion. Either way, this framework was utilized because of the ease of understanding medical and ethical issues. Perhaps in the future,

the categories used could be exchanged with another biblical framework for understanding the gospel in a more streamlined manner. More broadly, we are only reformatting what is already understood. The proclamation of the gospel falls to our churches. Also, if these categories do not blend well with how participants already understand the gospel, then our short video will not be enough to completely reform their understanding and biblical worldview. Underneath this issue, there may be a bigger need for our churches to do a better job of preaching and teaching biblical worldviews and how this informs our lives.

Reviewing the short-answer responses, there were two short answers from the feedback group survey indicating that a different title for this introductory class would have been appropriate. They identified that class 1 covered so much more than demographics about dying in America.

. . . change the name of the first class because it was so much more than just demographics . . . (feedback group question 7, answer 15)<sup>15</sup>

. . . The title of the first class might be changed to “Overview of Dying” since there were only a few minutes spent on demographics . . . (feedback group question 7, answer 42)<sup>16</sup>

Though responders acknowledged that the details shared in class 1 were relevant to the rest of the class, it is likely that the introduction I gave did not robustly ground the class in demographics as I had intended. If this first class video were to be reworked, in the future I may include more of the reasoning identified in chapter 1 or adjust the title to indicate the grounding of the issue in the biblical framework as essential for the following classes.

In the second video, “The Life of the Body,” the three levels of medical care were discussed. It was recorded that 55 of 60 (or 92%) “Agreed” or “Strongly Agreed”; the session might have helped them to think biblically about the medical care they choose. More will be said

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15. Feedback group survey, distributed January 2021.

16. Feedback group survey, distributed March 2021.

about this topic in the short-answer section. In the second video we also discussed the physical and spiritual transitions at the end of life, and 58 out of 60 (or 97%) “Agreed” or “Strongly Agreed” that this was helpful for them to be a better caregiver.

For the third video, “The Life of the Mind,” I asked whether the “Top Five Regrets of the Dying” helped spur on faith in light of living well. Of the respondents, 58 out of 60 (or 97%) “Agreed” or “Strongly Agreed” that these were helpful. This was higher than class results. When baptism and communion are celebrated, 46 of 60 (or 77%) “Agreed” or “Strongly Agreed” that they would have a deeper appreciation of the life and death of Christ. The results were comparable when I isolated results from those who are familiar with the experience of the sacraments (only from friends in ministry or pastoral friends). I would rather this number had been higher, but 29 out of 38 (or 76%) admitted they would have a deeper appreciation of the life and death of Christ in the sacraments. I wonder if the numbers were higher in class because we were able to discuss more of this material together.

In the fourth video, “The Life of the Heart,” I asked about the conversation about suffering within Christianity. Our class responded with total agreement that this conversation of suffering was helpful. The feedback group response was significantly lower than the class results. It was a rather low percentage of 47 of 60, (or 78%) of responders who “Agreed” or “Strongly Agreed” with this statement. But when I isolated those who were involved in ministry and are pastoral friends, 25 out of 38 (or 66%) “Agreed” or “Strongly Agreed” that discussing suffering was helpful. This was a rather disappointing detail of the survey. One significant difference in the feedback group was that they could not process or discuss together. I wondered if being heard in the discussion afterward made the difference between these two groups. Surprisingly, of those who identified only a health care connection, all 20 responses said this



discussion of suffering and Christianity was helpful. Perhaps this section spoke most efficiently to those in health care but outside of Christian belief. Though not intended, it was a positive outcome. Also, when the feedback group was asked about whether they see emotional development as an important task to do in light of death, 57 of 60 (or 95%) “Agreed” or “Strongly Agreed.” This was a comparable result to the class result.

In the fifth class, “The Choices We Make,” I asked about the effectiveness of our conversation about the different levels of medical care in preparing us for our future health care options. Of those in the feedback group who responded, 56 of 60 (or 93%) “Agreed” or “Strongly Agreed” that our discussion was good preparation for the future. Of those in our feedback group that identified as having any connection to health care, 26 of 28 (or 93%) “Agreed” or “Strongly Agreed” that this was helpful in preparing for the future. This was a pleasing statistic because this section of the feedback group was specifically chosen to evaluate the medical details in these videos. Those in ministry and pastoral work also agreed this was helpful information to share, as 35 of 37 (or 95%) “Agreed” or “Strongly Agreed” that discussing these levels of care was helpful. So I was thankful it had a high approval rating. We also covered ways to prepare for the future. Many resources for advance care planning were shared within the video. Of those who participated in the feedback group, 56 out of 60 respondents (or 95%) “Agreed” or “Strongly Agreed” that it is important to “get my affairs in order.” From those who identified any connection to ministry or as pastoral friends, 34 of 37 (or 92%) “Agreed” or “Strongly Agreed” to the importance of “getting my affairs in order.” From those in health care alone, all 20 “Agreed” or “Strongly Agreed” to the importance of “getting my affairs in order.”

In the sixth video, “The Company We Keep,” I drew a connection between the Ten Commandments and Revelation 21 and the completion of God’s family. In our feedback group, only 41 out of 59 (or 70%) “Agreed” or “Strongly Agreed” that our video made this connection clearly. When I looked at those who responded with ministry and pastoral experience it was slight increase of percentage to 74%, or 28 out of 38 who “Agreed” or “Strongly Agreed” that our video made this connection clear. Though very similar, the difference between these numbers could be related to backgrounds. The video may not have dedicated enough time to teach this more robustly for the medical folks in our feedback group. The second question identified the phrases by Ira Byock. Of the 60 respondents, 59 (98%) “Agreed” or “Strongly Agreed” that these statements helped them think about the power of and need for restored relationships. This seemed to be a very successful part of our conversation.

In the seventh video, “The Life of the Soul,” I discussed the biblical language about the soul. In the whole group, 54 of 59 (or 92%) “Agreed” or “Strongly Agreed” that our discussion was helpful and clear. I also shared various spiritual disciplines and avenues for spiritual growth. Of those in our feedback group, 54 of 59 (or 92%) “Agreed” or “Strongly Agreed” with understanding the importance of using spiritual disciplines that fit our soul. When I looked at those who responded with ministry and pastoral experience, the number was 37 out of 38 (or an increase to 97%) who “Agreed” or “Strongly Agreed” that our discussion surrounding spiritual disciplines that fit our soul was helpful. This could be due to the language of spiritual disciplines becoming more familiar with those within Christian circles. When looking at those in health care who did not have any ministry or pastoral connection, 19 out of 20 (or 95%) “Agreed” or “Strongly Agreed” that our discussion of the soul was helpful. There was a slight decline where

16 out of 20 (or 80%) of those in the feedback group who are solely in health care “Agreed” or “Strongly Agreed” with the importance of utilizing spiritual disciplines to fit our soul.

In our eighth and final video, “Caring for the Dying,” I discussed the tension between being wonderfully made and yet a fallen creature. From our feedback group survey, 53 of 59 (or 90%) “Agreed” or “Strongly Agreed” that our video made this tension clear. I also described the three tools of caring for the dying: prayer, love, and truth. From our survey, 56 of 59 (or 95%) “Agreed” or “Strongly Agreed” that the discussion of these three tools helped to prepare them for caring for the sick and dying.

In the second section of the survey of the feedback group, short-answer questions were used for specific feedback from the video material. This is a summary discussion of the responses recorded for each question.

The first question asked specifically how the class impacted the feedback group participants. Fifty-nine people responded when asked “How has this class influenced your thinking about death and dying?” Many identified that the class aided them in thinking about these issues in a helpful environment. All of the comments were helpful at indicating what worked and what was appreciated in the videos and were in agreement with the comments from the Sunday school class. Some of the comments focused on the importance of simply having this kind of discussion as helpful and an encouragement for them. Some indicated that they held onto a few points of next steps that can be taken after the completion of the class. Relationships also were high on the list of next steps, which was similar to the Sunday school class responses. Many in the feedback group were going to use the material and discussion to speak into the life and faith of their family and prepare them for the future. This was a huge success since providing the opportunity for writing things down for the future was in line with some of the core goals of

the class. Also, many responses indicated that this class was formative for their personal, pastoral, and medical approach to death. Many responses said that this class gave them a specific resource for future use. For instance, these are some responses to question 1:

I have worked in hospice. Wish I had used the Four Regrets in my work. (answer 15)<sup>17</sup>

I appreciate the vocabulary you gave to approaches in the medical arts in the second class. Cremation vs. burial and also organ donation are topics I have discussed with one of my own church elders, but I had not heard the term “medical vitalism” previously, nor had I thought about it being one of three possible approaches to end of life care as you presented. I feel more organized in my own mind as I consider these approaches now. (answer 50)<sup>18</sup>

The material in this class applies to living so much that I need a reminder that there is a theme about death. It is mostly about living wisely. In fact, there are so many themes from prior Bible studies, healing ministry experiences, and readings I have had in the past, I am recommending this class to many. I believe the resources the teacher mentions are so valuable. I would recommend providing a list of the resources recommended in the videos to the attendees. (answer 51)<sup>19</sup>

Another section of responders were grateful for the breadth and depth of the video material. One person thought the breakdown using the sixfold parts of human life from Dallas Willard was a creative form to use in order to discuss the whole person. I appreciated this feedback because I wrestled for a long time with arranging the material in this format.<sup>20</sup> In the final decision, I think Willard’s structure fit better with the material I was preparing to teach in each section. Consider the feedback regarding the structure of the material:

It deepened the framework from which I operate as I engage with the topic and engage with those faced with death’s reality. (answer 27)

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17. Feedback group survey, distributed January 2021.

18. Feedback group survey, distributed April 2021.

19. Feedback group survey, distributed May 2021.

20. Two additional outlines that were in contention for the spine of the class come from Stephen A. Macchia: Roles, Gifts, Desires, Vision, Mission, and Time, Trust, Temple, Treasure, Talent, which were used to guide those preparing a Rule of Life. See Stephen A. Macchia, *Crafting a Rule of Life: An Invitation to the Well-Ordered Way* (Downers Grove, IL: IVP Books, 2012).

As I think back on the material that you covered, I really enjoyed how you brought the whole person together in the act of living and dying. Too often we don't take the time look at the whole person and this material made me do this (answer 28)

For me, it was a natural building and going deeper on a topic that I have already explored a bit. I learned a lot and will seek to keep engaging in this type of material. (answer 41)<sup>21</sup>

Others highlighted how this class turned them toward their family or made them more aware of relational issues. So much of our class focused around the biblical precedent of family. Many who filled out the survey shared about how the videos demonstrated the importance of the immediate family and the family of faith.

These classes helped me to reflect on my own beliefs, take into account a more biblical perspective, and consider both-faith based and family-based perspectives toward death and dying. (answer 16)

I think most importantly in learning to live in light of our coming death. To think about the common regrets that many have near the end of life seems eminently useful in ordering our steps today. While it is not particularly difficult for me to think about my own mortality are coming death it is uncomfortable for my loved ones to hear me talk about it and we have to overcome this, not just in my family but in our culture, in order to live well and to love each other well. (answer 25)<sup>22</sup>

Having endured a family loss in the last few years, it was a reminder of fragility of life, but also the celebration it as a gift of God. Life also continues in an earthly sense when I die and I's loving to prepare my loved ones for my earthly absence. (answer 35, distributed February 2021)<sup>23</sup>

The second short-answer question asked, "Did anything make you uncomfortable?"

Thirty-four people responded to this question. Many people did not have anything that made them directly uncomfortable, but there were a few notable responses I would like to consider.

Some people who responded participated in this feedback group to review the medical material and did not have to note any faith background. Therefore, some who participated were able to

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21. Feedback group surveys, distributed February 2021.

22. Feedback group surveys, distributed January 2021.

23. Feedback group survey, distributed February 2021.

assist in the review and did so in light of their own spiritual and religious backgrounds being different or still in formation. To this group, I applaud their willingness to help me and make this material stronger in the future. Some who participated said that the way I framed the discussion with such strong faith language was not always comfortable for them. One cited being Catholic, and because they were not as knowledgeable about the Bible this class gave them more to consider (question 2, answer 8). Another acknowledged a continuing strong fear of death and was uncomfortable with the language of certainty of what happens after death. While I hope some of this material was able to speak into the needs of that person, I appreciated them sharing this vulnerable feedback. They provided the following reasoning:

yes—I've been a Christian since I was a child, and I'm afraid to die, mainly because anything after death is a mystery and requires faith. I cannot say that I \*know\* I will go be with God after I die. I can only say that I \*believe\* that I will go be with God after I die. I am sometimes bothered by the certainty with which Christians talk about the afterlife. (answer 17)<sup>24</sup>

A few others responded to material that made them uncomfortable. One thought the basis of discussing death and dying should have been the priority of Scripture only, not on the basis of current events. In the first class I brought this discussion forward about the importance of numbering our days in the context of the COVID-19 pandemic where life and death are often on our minds. It is possible that I leaned too heavily into this as the motivation to number our days in light of death. In future production of the videos, this reasoning would be addressed and possibly even omitted to be accessible to wider audiences.

The third question asked, “What is one step that you will take to prepare for death?” Fifty-four people responded to this question. Similar to the Sunday school feedback, many responded with feedback related to spiritual disciplines that were suggested within the class. Some said they would practice prayer, living simply, looking into the *ars moriendi* or the Daily

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24. Feedback group survey, distributed February 2021.

Examen, focusing on strengthening relationships and quality time, practicing surrender to God, and expressing their love and concern for the spiritual lives of their grandchildren. Others suggested specific practical steps of advance planning such as creating a will, sharing funeral service details they desire, discussing wishes and plans with family, gathering passwords and financial instructions, and preparing together with family. One commenter blended the faith concerns and the practical daily concerns:

I feel that I have been taking suggested steps to prepare for death—spiritually as a Christian knowing I am ready to go to Heaven and practically in having a will, advance directive, etc in place. (answer 40)<sup>25</sup>

The fourth question asked, “How will that one step you described in the previous question help you to live well today?” Fifty-two people responded to this question. Due to the nature of this question, it relies on the previous answer from question 3. Some who responded in the survey fields did not respond to some questions. Though some of the numbering will differ, the answers shared here were confirmed they were from the same response form. There were many helpful couplets which indicated to me that many people were tracking the messages of the teaching videos. Some indicated the plans they will put into practice and the desired outcomes. Some indicated the relationships they would chose in light of other life priorities in order to live with fewer regrets. There were some responses which indicated that the responder did not have anything to offer in light of taking one step and how that may help them. But those responses were limited to a handful.

Consider these pairs of responses from questions 3 and 4. The most concise set of responses came from a respondent who indicated that the discussion of the soul was meaningful for them and they wanted to do more reading and reflection in this area. In thinking of the

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25. Feedback group survey, distributed February 2021.

multiple facets of the soul, they were hoping to strengthen their connection to God in the face of life and death.

I think one step that would be helpful for me would be to think more about the soul as it was presented in this class. It is easy to have tunnel vision in any one area of being but to look at the soul as a whole is really unique to me and I think I would benefit from spending time thinking through all the great resources that were shared in that segment. (question 3, answer 9)

Living is a process of dying so I think anything that helps one to live well will prepare them to eventually die well. A big picture mentality can be really helpful to help guide intentional growth. Specifically I think that focusing on my soul and how it connects with God will help me to live well by relying on God to direct each area of my person, from my mind to my emotions to my physical state and life decisions. To strengthen my connection to God strengthens everything about life and thus about death. (question 4, answer 8)<sup>26</sup>

Another exemplary set of responses highlights the biblical impact of life. In these responses, a definitive theology is not mentioned, but the biblical priority of the immediate family relationships are considered in light of other priorities:

This seems trite, but I have recently faced much personal difficulty around software logins and passwords and it is one small (or perhaps not so small) step that I can take to prepare and make the coming difficulty for my family a little easier. It will be a challenge to collect and maintain an accessible and convenient list. I know you only asked for one, but this study adds impetus to our recent decision to invest more in family vacations as our kids enter the teen years. In the past my educational and vocational goals have dominated my thinking, spending, and scheduling. I know most people alive on planet earth could only dream of such luxuries, and that there are other ways to appropriately value and invest in relationships, but for us family vacations are one way that is available to us and we intend to make use of them, sharing experiences and creating memories that will demonstrate love and strengthen relationships. (question 3, answer 25)

I think it's about prioritizing relationships, and thinking about others, to avoid common regrets at the end of this life. (question 4, answer 24)<sup>27</sup>

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26. Feedback group surveys, distributed December 2020.

27. Feedback group surveys, distributed January 2021.



These responses help me to understand the video content was communicating what it was supposed to be communicating about life priorities in line with biblical priorities that slowly prepare someone for eternity in God's family.

Question 5 was vital for our feedback group because it asked, "One thing the presenter could have done better was." It asked directly for an area of improvement. Fifty-four people responded with helpful feedback. Similar to the Sunday school feedback, some comments conflicted directly with others. But overall, even with the comments in tension there were areas that stood out for improvement. Many comments reiterated comments from the Sunday school class. Some indicated the presentation skills could have been better: facial expressions, eye contact, and speaking inflection. Also, my video production could have been stronger: pacing, volume transitions, slide transitions, images, and glitches in video software which created moments where I was speaking but my voice did not match up. These all detracted from the overall video production.

There were numerous comments that indicated my presence on the last few videos was missed. Along with my lack of personal presence within the last videos, others indicated how inclusion of other personal stories, interviews, and even anecdotes would have rounded out the material. It would slow the pacing and give the personal relevance of some of the more theologically and philosophically abstract material. A few people commented that the videos did not always make it clear how the discussion related to the overall theme of the week. This is a fair point as well. Without the subsequent discussions to tie the class theme and video together into a cohesive unit, it could have seemed disjointed sections of discussion. Even though I tried to break things down into easily digestible bites, it would allow other types of learning and allow slowing the pace for reflection of the material from others in the discussion. This is an excellent

idea and would be most important to include in further development. This could be in the form of personal stories from those who are sick or those who have lost a loved one, or testimonies from those in ministry or in various health care roles. Below is just one example of this important feedback:

Share experiences of what past patients/parishioners presented with in death and dying.  
(answer 8)<sup>28</sup>

The impact of this could be multifaceted. The comments that I was missing from the video portion was not reported in the class survey because I was present on the video for the hour discussion. However, with the material being watched it was disconnected from direct processing of this heavy topic. One commenter even suggested I spend a few minutes introducing myself in the first class so there was a basis for connecting and even rapport leading into the rest of the class. The difficulty of isolation issues over the past few years may have exacerbated the need to have this material presented by a more caring presence. More personal connection and “face time” may have aided the retention of the video material. This may be an invitation for our community to offer community support for those wrestling with isolation and existential issues in a form of church-based groups that resembles a Death Café. As readers may recall from chapter 1, Death Cafés function on a purely secular level. However, if the videos were retained for some basis of discussion, it is worth considering that this class may meet the needs of the wider community of Wethersfield.

Finally, another important critique comes from a comment regarding the content of the medical information I provided about the different levels of care.

The idea of three types of medical care leaves out the idea of treatment. Many diseases we have are not curable, however they can be adequately treated, such as high blood

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28. Feedback group survey, distributed December 2020.

pressure. Treating it is neither curative nor palliative. Maybe add that to the curative part of the explanation. (answer 6)<sup>29</sup>

This commenter identified the idea of how the three levels of medical care (curative care, palliative care, and hospice care) I used is slightly more flattened than it is in real life. This may cause spiritual confusion as to how people understand their role as a steward of their life bodies in light of these categories. Without this facet of the discussion it does not quite align with their medical options. The commenter identifies how treatment of chronic health conditions do not fit well into the three levels of care. Some disease processes may not, in fact, be fatal. One can manage high blood pressure throughout a lifetime. In the future the idea of treatment, or living alongside an illness, could be included into the “curative” branch of the discussion. But however it is identified, it needs to be clarified. It is important to identify in its own right for the sake of those participating in the discussion. This is important to include in further discussions because if someone has a chronic health condition they may not see it as an avenue of curative care and yet they are not candidates for palliative or hospice care. This additional facet of discussion could also augment our discussion of Romans 5 and the biblical approach to suffering discussed in class 4, “The Life of the Heart.” God is present in our suffering and uses our suffering to form endurance, character, and hope through the presence of the Holy Spirit in our lives. This is a vitally important issue to correct in future iterations of the video material as well as in the discussion for future Sunday school sessions.

The sixth question asked, “What did you enjoy most about the entire Sunday school class?” It would have been better if I had adjusted the question to reflect that it was simply the videos the feedback group watched. There were fifty-two responses from the feedback group. Some highlights included the positives of deep material to think about, the book

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29. Feedback group survey, distributed December 2020.

recommendations, introduction to new resources, the structure of the class, and introduction of a biblical approach to medical care. Feedback from others included how I navigated the biblical material, medical care concerns, church history, and the current-day medical issues. Many responders from the feedback group highlighted specific sections of the video that stood out to them. For instance:

#3 Regrets. Also each section pushing gently to face own death, each section building on the next. I appreciated the facts/numbers used about how many die at home, Ct is one of worst in country. I think that information was needed to make a point and have each person look at themselves closer. (answer 14)<sup>30</sup>

Another significant part of the feedback that I appreciated was those who responded that they appreciated the Christian understanding surrounding life and death. Some medical professionals who were invited to participate were not of my faith tradition, and so inviting them to participate involved a risk. These videos presented them with not only the biblical approach to medical care but also a clear gospel message. Some were grateful that this helped them engage better with their patients who have similar beliefs. But also some were grateful for the pastoral impact these videos had in their lives. I did not anticipate this as being an avenue for evangelism and discipleship within the feedback group, but now I see it as being the case. Those closer to me were able to take in the material in a pastoral way, and my prayer is that God continues to use it to draw these friends closer in their spiritual growth with Christ. I received some emails with kind feedback and even with thanks for asking them to be involved in this feedback group. For the purposes of this chapter, these emails have not been included, but I mention them here because they align with the overall feedback received.

I feel I have been given a gift, as I don't expect to meet with a chaplain until my health is far less stable than it is at present. I was introduced to some "new to me" traditions and concepts (genogram, ars moriendi) and also encountered some resources I already recommend to others (the M. McCullough book, for one), practices I have participated in

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30. Feedback group survey, distributed January 2021.

previously (Ignatius Loyola) or merely have a casual knowledge of (Bronnie Ware's Five Regrets of the Dying) and to have been led through both new and familiar in such a pastoral way was deeply encouraging. (answer 48)<sup>31</sup>

I am so grateful for the support of this feedback group and will make it a priority to send a note of thanks for their participation in this process.

In question 7, I asked, "If this class was ever offered again, what would you like to see done differently? Topics covered, format, organization?" Forty-eight people responded. A few of the comments suggested small technical issues I could correct with advance preparation and video production. A few suggested different ways to organize the material. The largest section of comments said they would like to see more people. Many in the feedback group said how they would have benefited from the post-video discussion and a question-and-answer session. This may have been more of my face in the videos through a recap of each video. This could also have been in interviews, stories, or anecdotes related to each class session, whether they be family or caregiver. One responder creatively suggested a question-and-answer session could be a part of the video. I had not considered engaging with a second person inside the video. Some suggested homework or exercises, and another comment gave me a book recommendation, which I appreciated.

Finally, question 8 asked, "What topics covered interested you the most?" Fifty-two people responded. Similar to the class survey results, the feedback group also appreciated the discussion about hospice care and even more appreciated class 8, "Caring for the Dying," as one of the most interesting parts of the video. However, one of the most insightful comments indicated that they appreciated seeing death from a Christian perspective. In their experience, they have seen Christians become obsessed with the defeat of death in such a way that they negate its existence:

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31. Feedback group survey, distributed April 2021.

I thought it was interesting to see that there is discussion about remembering death in the Bible. In conversation with some Christians that I know, definitely not all, it appears that their faith comes from fear of death. They are obsessed with it. When they start out trying to convert someone, they always bring up conquering death. If they can deny that death will happen, then they can attempt to repress that fear. While they are living in fear they are ignoring their life and the fact that living is amazing and something to enjoy and be happy in. It was nice to see a biblical view on death that was accepting of the fact that we will all die, and did not immediately jump to “but don’t worry, cause we’re not really dying cause death really doesn’t exist.” (answer 6)<sup>32</sup>

This is a fair critique. This as a viewpoint is not consistent with robust biblical Christianity. My hope is that after this class, this responder sees that Christians do not deny that death is real.

Rather, Christians acknowledge death as a very real curse of sin in God’s good world and hold onto a Savior who defeats it ultimately even though we walk through it into eternity.

A few other responses indicated the Christian practices of spiritual growth were helpful throughout the discussion. Here are a few examples of the feedback:

I feel I learned a lot from the survey of the three directions end of life care can take. I had never heard the term “medical vitalism” before. That was really helpful. Also, the way Dan covered the meaning of the word “nephesh” in episode 7 gave a fresh perspective on “being.” (answer 7)<sup>33</sup>

I specifically appreciated the content in classes 3, 5, 7. The topics covered in these classes were more informative to me as not typically part of the medical (nursing) knowledge. (answer 14)

In lesson three, the facilitator connected Baptism and Communion to reflecting on the Life, Death and Resurrection of Christ. I appreciate how these two sacraments (or ordinances) relate to “The Life of the Mind.” I also greatly enjoyed Lesson #7, “The Life of the Soul.” I appreciate the disciplines presented that Christians ought to reflect on, living wisely in the light of death . . .

Probably the presentation of the different approaches to the practice of medicine curative, palliative, hospice. The way a biblical view of the sanctity of human life fit with the hospice care model was helpful and informative for someone without expertise in these areas. It also helped provide a paradigm for decision making about life beyond just end-of-life issues. (answer 21)<sup>34</sup>

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32. Feedback group survey, distributed December 2020.

33. Feedback group survey, distributed December 2020.

34. Feedback group surveys, distributed January 2021.

I think the aspects that involved living our life in view of death and how it should affect the decisions we make is what was most interesting and impactful for me. It was also interesting to learn about the different types of treatment and end-of-life treatments available as I didn't really know much about that previously. (answer 34)<sup>35</sup>

Biblical paradigms are always great so I loved topics that had those, the ten commandments one for example. But I also loved the very practical stuff i.e. 'make sure your passwords can be found'—all the info on living wills and where to look was great stuff. (answer 52)<sup>36</sup>

## **Conclusions**

All of this shared data indicate that this class was a success in that it provided an avenue to support my church by allowing a space to think and reflect on God's kingdom in light of our life and death. The feedback group revealed the need for the personal connection to augment the significance of the information that was taught. This echoed our need for people in this journey as we seek to love God and love our neighbor. There may be more opportunity to hone this material into a single lecture and include discussion time. This would allow for more intensive conference-style teaching opportunities at churches. This way, a congregation could host a day event or even a weekend retreat with lecture teaching, small-group discussions, and further growth within the church community. Workbooks could be provided for take-home study, and the current video YouTube link could be shared for future reflection and deeper discussion opportunities. Prayers, tears, smiles, and questions could be shared as this facet emerged as vitally important in building relationships within our group and deepening understanding. It is in these ways we take up the yoke of caring for the dying, remembering their value, and serving them in the name of Jesus Christ. This is a call back into the full-bodied Christian tradition of

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35. Feedback group survey, distributed February 2021.

36. Feedback group survey, distributed August 2021.

caring for the weak, the hurting, the sick, and the dying. This is a call to service of God and man. Jesus is the savior who lived, died, and rose again conquering death on our behalf.

The topics of the class were essentially well received and added to the conversation. There were no parts of the material that need to be removed because they were inappropriate. There were no parts of the material that need to be removed because they were factually incorrect. There are adjustments to be made for the material to be strengthened. Not only was the class a success, but the class proved these are important conversations to hold within the safety of the church community. Speaking about death and how the hope we have in Christ helps us to live well in the face of death needs to be a regular part of the conversation and preaching plans of churches. Whether in the pulpit or Sunday school curriculum, churches need to step into the vacuum before the “death positive” culture re-educates the faithful how to think about death. Churches are already engaged in establishing theological frameworks in the lives of Christians. There is always the opportunity for more to be done to provide a robust theological education. This would be a very important class since there are so many myths about health care choices and important considerations related to the end of life. Going further, churches can provide deeper education by teaching spiritual theology and providing classes for spiritual formation. Using topics related to dying well as the structure, spiritual formation groups could be formed using spiritual disciplines relevant to the six avenues of life outlined in this course. This way, a group could practice living daily with death before their eyes in the safety of a more intimate community group. In a group of this nature, a class could be utilized to provide specialized education within the intersection of our theology and expand our awareness of health care as it also intersects with end-of-life concerns.



This could mean widespread utilization of Stephen Ministries in churches to prepare and utilize caring ministers. It also might mean more education in this area to allow outlets for conversation about faith in light of suffering and death. What better way to prepare the faithful than to begin providing the education necessary and allowing outlets for caring for the dying in the name of Christ? The beauty of this approach is that those trained in Stephen Ministries receive peer support as they grow in knowledge and caring skills. They could easily be utilized for caring opportunities within their contexts. This may mean a church provides a group to train as hospice volunteers in order to be a companion of the dying. This could also mean a church establishes supports for nearby populations, such as assisted living or skilled nursing communities. Nursing homes are always open to providing spiritual and religious support for their people. Churches can contact and offer various ways to connect, whether it be through Bible studies, conversation hours, prayer groups, Christmas caroling, or pen pals. There are many ways we can intergenerationally connect with those who need the support. The opportunity to serve the dying with prayer, love, and truth abound.

It is so important to have a skilled and educated Christian voice in this arena and transmit this education within the community of the faithful. Seminaries already nurture passionate and reflective practitioners to think theologically, engage globally, and live biblically. My material could be expanded into a seminary class that covers the material related to the theological, pastoral, and counseling concerns of dying. This would provide not only the community support for processing these deep conversations but also allow for resources of books and websites to be shared at length. Not only that, but this material itself could be molded into a book and workbook format and be distributed for church education and training.

The class format through Zoom was not advantageous but was an important concession that allowed us to have the class even in the midst of isolation. This was most evident when the feedback group indicated that something significant was missing from watching the content by itself. Though the class format left much to be desired as it filtered through Zoom, it did allow for community support with these intimate conversations after the video, something those in the feedback group would have benefited from. If the feedback group were ever to occur again, perhaps a discussion period could occur after the participants watched the videos and brought thoughts and questions to the group.

There are ample avenues for correction, adjustment, and development in the way the class was organized, arranged, and produced. My technology skills continue to be novice-level, and this did hinder the effectiveness of the class and videos. Nonetheless, the classes did teach and relate good material for engaging different ways to be mindful of death in healthy, biblical ways. Presentation skills can be developed and video production skills can be learned and improved, but the first iteration of the material was solid. Perhaps there is an invitation here to continue developing the material and potentially offer this class, or a version of it, in other settings, religious or secular. This may fit better in churches because of the biblical content, but like a Death Café, it could also meet in public settings such as libraries and community centers. Much like AA groups have taken to meeting in churches that have space to congregate, perhaps those same churches would host Death Cafés in order to engage conversations about faith and hope at life's end. This would not have to be local to Connecticut or even just in New England. Since Death Cafés meet worldwide, perhaps churches could engage in these conversations. Perhaps these groups could be advertised as officially endorsed Death Cafés or simply run as support or study groups. These kinds of groups could also be reformed and marketed toward

health care settings. Wherever they might occur, they become laboratories where hope in Christ can be shared and cultivated.

Social media could also be used to educate and engage others. Churches regularly participate in social media, and a teaching series could be advertised in those ways as well. The teaching format and discussion could be formed into a conversation between peers in ministry or other authorities such as a pastor, teacher, writer, psychologist, or health care worker.<sup>37</sup> This structure of our class video and conversation could easily be adapted to video or podcast format. The conversation could engage the material discussed from numerous angles. A conversation like ours of cremation could be discussed from numerous biblical and historical points of view and questions could be anticipated and discussed. Questions could be submitted to the moderators or participants. This could occur even in real time by those who listen in this interactive experience.

Some components of the class were stronger than others, but it was helpful at providing the education it intended. We were able to spend time doing what Moses suggested by numbering our days, that is, digging deeply into Scripture together, reflecting on death, and considering how to live well. We spent time together considering our lives from various avenues of spiritual, medical, and social support and by exploring the work of God within our lives and allowing it to impact the way we spend our days.

Let me close with the benediction from Romans 15:13: “May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope.”

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37. An excellent example of this open discussion of psychology, health care, or pastoral concerns can be seen in “Podcast,” Kate Bowler, accessed December 16, 2021, <https://katebowler.com/podcasts/>.

## APPENDIX A

### LITERATURE ABOUT “HEAVEN TOURISM”

There is opportunity here to urge caution and discuss the genre of books in which someone dies and comes back from heaven. This genre has been poignantly entitled the “Heaven Tourism Genre.”<sup>1</sup> It is especially important to use caution because over the past decade some of these books have been uncovered as fiction.<sup>2</sup> Many other books have come to market in this genre over the past decade. It has continued to gain traction in the Christian bookseller markets. *The Shack* is a recent sensation in fictional retellings of an afterlife experience, but others by Don Piper, Mary Neal, and Bill Wiese have emerged.<sup>3</sup> These are stories that recall details of passing into death, having some kind of supernatural experience, and returning to life with stories to tell.

For instance, the book (and then the movie based on the book) by Todd Burpo and Lynn Vincent, *Heaven Is for Real*, is the story of Colton Burpo and his family.<sup>4</sup> Colton received a long-delayed diagnosis of a burst appendix, which should have proved fatal. Eventually this was discovered and he was brought into surgery. After his emergency surgery, when Colton was on

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1. Tim Challies, “Heaven Tourism | Tim Challies,” accessed September 28, 2021, <https://www.challies.com/articles/heaven-tourism/>.

2. For instance, consider the book by Kevin Malarkey and Alex Malarkey, *The Boy Who Came Back from Heaven: A Remarkable Account of Miracles, Angels, and Life beyond This World* (Carol Stream, IL: Tyndale House Publishers, 2010). In a later interview the family recounts how the story was made up; see “The Boy Who Didn’t Come Back from Heaven: Inside a Bestseller’s ‘Deception,’” *The Guardian*, last modified January 21, 2015, accessed September 28, 2021, <http://www.theguardian.com/books/2015/jan/21/boy-who-came-back-from-heaven-alex-malarkey>.

3. William P. Young, *The Shack: Where Tragedy Confronts Eternity* (Newbury Park, CA: Windblown Media, 2007); Don Piper and Cecil Murphey, *90 Minutes in Heaven: A True Story of Death and Life* (Grand Rapids, MI: Revell, 2004); Mary C. Neal, *To Heaven and Back: A Doctor’s Extraordinary Account of Her Death, Heaven, Angels, and Life Again: A True Story* (Colorado Springs, CO: WaterBrook Press, 2012); Bill Wiese, *23 Minutes in Hell: One Man’s Story about What He Saw, Heard, and Felt in That Place of Torment* (Lake Mary, FL: Charisma House, 2006).

4. Todd Burpo and Lynn Vincent, *Heaven Is for Real: A Little Boy’s Astounding Story of His Trip to Heaven and Back* (Nashville, TN: Thomas Nelson, 2010).

the mend, he began to disclose the supernatural occurrences that accompanied his illness and recovery. He described being able to see his parents in separate places and times while he was in surgery. He met a sister who had died in utero before his birth. Colton also recalled a family member who he never met but later identified from old photos to be his paternal grandfather. Colton described angels visiting him, his perception of heaven, and an encounter with Jesus. Though they were a shock to his parents, none of this experience or the recollection was unsettling for Colton.

A substantial amount of caution is necessary for considering these writings. They exert enormous emotional momentum. Some of this can be helpful in processing and reflecting on grief. These stories play on our heartstrings so much that they can be dangerous. They are subjective experiences that can be fabricated and misleading. They are like the junk food of near-death-experience reading material: all fluff and sugar but no substance. We are not obligated to believe any of these stories are true. For every one of these tales of trips to heaven and back, there is another secular book which depicts realities at odds with them.<sup>5</sup> So they lead us to consider, who's heaven is for real? We can go so far as to say these stories are too similar to the New Age stories that already have a bookseller's audience. The difference is that these books have a nominally Christian veneer. So, it is necessary to filter these stories through Scripture, evaluate their story, and possibly avoid them altogether.

This is an inherent difficulty in discussing end-of-life experiences because they can be entirely subjective. Consider a book by Gary Habermas, in which he interviews people and reviews information on these near-death experiences in order to think Christianly about life after death. He is writing to confirm awareness after death, and in the process gives some good insight

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5. Compare the afterlife reality depicted in Eben Alexander, *Proof of Heaven: A Neurosurgeon's Journey into the Afterlife* (New York, NY: Simon & Schuster, 2012).

as to how to think about these experiences. He discovers information in the physical environment acquired by people who have a near-death experience that they would not have had access to while receiving medical care.<sup>6</sup> It is necessary to use a healthy amount of skepticism in interpreting these stories. Fraud or scientific anomaly can confuse the playing field. This book gives solid insight as to how to remain engaged in listening to experiences without getting confused with the theological thoughts that come to mind in the midst of these conversations.

Wherever we go, we are ambassadors of Christ. Whatever our view of the supernatural experiences shared at the end of life, the invitation remains to participate in compassionate pastoral care. It is into relationships with people who are facing eternity that we engage. As they share these intimate moments, we can provide love, prayer, and the truth of the gospel. May God grant us wisdom and discernment about when to provide them each in turn that we may, as Paul describes in 2 Corinthians 2:15, provide the aroma of Christ among those who are perishing.

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6. Gary R. Habermas and J. P. Moreland, eds., *Beyond Death: Exploring the Evidence for Immortality* (Eugene, OR: Wipf & Stock, 2004). Focus on chapters 7-9.

APPENDIX B  
POST-CLASS GROUP SURVEY

**Section 1: Multiple-Choice Questions**

1. Out of the eight class sessions, how many class sessions did you attend?  
  
Less than four  
  
More than four  
  
I was able to watch all eight videos
2. I was comfortable with the topics presented in this class. (Likert scale)
3. The content of the class was clear and well presented. (Likert scale)
4. The presenter was clear, pastoral, and knowledgeable about the subject matter. (Likert scale)
5. Do you or does someone close to you have a connection to working in health care?  
  
Yes, I work or have worked in health care.  
  
Yes, someone close to me works/worked in health care.  
  
I have no ties to working in health care.
6. I have an illness. (T/F)
7. Someone within my family circle is ill. (T/F)
8. I am a caregiver for someone who is ill. (T/F)
9. Before this class began, I had spent time thinking about my own death. (Likert scale)
10. Before this class began, I had already taken steps to prepare for the end of my life. (Likert scale)
11. This class has made it more comfortable for me to think about death. (Likert scale)
12. After taking this class, I will take steps to prepare for death. (Likert scale)

13. This course helped me to address my fear of dying. (Likert scale)
14. My faith in Jesus Christ was strengthened. (Likert scale)
15. I would request this class be taught at my church. (Likert scale)
16. CLASS 1: The demographic details in the first class seemed relevant to the rest of the course material. (Likert scale)
17. CLASS 1: I think more about my faith in light of the categories creation, fall, redemption, and glory. (Likert scale)
18. CLASS 2: The three perspectives of medical care (medical vitalism, quality of life, sanctity of life) helped me to think Biblically about the medical care I choose. (Likert scale)
19. CLASS 2: The physical and spiritual transitions that were discussed prepared me to be a better caregiver for people nearing the end of their life. (Likert scale)
20. CLASS 3: Discussing the top five regrets of the dying helped me to think deeper about how to live my faith today in light of the future. (Likert scale)
21. CLASS 3: When baptism or communion is celebrated, I will have a deeper appreciation of their symbolism of life and death in Christ. (Likert scale)
22. CLASS 4: Being able to discuss suffering was helpful to how I think about my Christian life. (Likert scale)
23. CLASS 4: Emotional development is work that is important for me to do today in light of the end of my life. (Likert scale)
24. CLASS 5: Hearing the difference between curative care, palliative care, and hospice care was helpful as I navigate my future healthcare options. (Likert scale)
25. CLASS 5: It is important to me to take steps to get my affairs in order. (Likert scale)



26. CLASS 6: Discussing The Ten Commandments and Revelation 21 clearly demonstrated God's desire to build a family of faith. (Likert scale)
27. CLASS 6: The four meaningful phrases (Please forgive me, I forgive you, Thank you, I love you) helped me to think about the power of and need for restored relationships. (Likert scale)
28. CLASS 7: The discussion about the biblical language of "the soul" was helpful and clear. (Likert scale)
29. CLASS 7: I understand the importance of utilizing proper spiritual disciplines to fit my soul. (Likert scale)
30. CLASS 8: The tension between being wonderfully made and being a fallen creature helped me to remember my value and dignity come from God. (Likert scale)
31. CLASS 8: Talking about the three tools (prayer, love, truth) were helpful to prepare me to serve those who are sick and dying. (Likert scale)

## **Section 2: Short-Answer Questions**

1. How has this class influenced your thinking about death and dying?
2. Did anything make you uncomfortable?
3. What is one step that you will take to prepare for death?
4. How will that one step you described in the previous question help you to live well today?
5. One thing the presenter could have done better was:
6. What did you enjoy most about the entire Sunday school class?
7. If this class was ever offered again, what would you like to see done differently? (topics covered, format, organization, other)
8. What topics covered interested you the most?

APPENDIX C

FEEDBACK GROUP SURVEY

**Section 1: Multiple-Choice Questions**

1. Out of the eight class sessions, how many class sessions did you attend?  
  
Less than four  
  
More than four  
  
I was able to watch all eight videos
2. I was comfortable with the topics presented in this class. (Likert scale)
3. The content of the class was clear and well presented. (Likert scale)
4. The presenter was clear, pastoral, and knowledgeable about the subject matter. (Likert scale)
5. Which option best describes you (select all that apply):  
  
I work or have worked in health care  
  
I work or have worked in ministry  
  
I am a pastoral friend of the presenter
6. Before this class began, I had spent time thinking about my own death. (Likert scale)
7. Before this class began, I had already taken steps to prepare for the end of my life. (Likert scale)
8. This class has made it more comfortable for me to think about death. (Likert scale)
9. After taking this class, I will take steps to prepare for death. (Likert scale)
10. This course helped me to address my fear of dying. (Likert scale)
11. My faith in Jesus Christ was strengthened. (Likert scale)
12. I would request this class be taught at my church. (Likert scale)

13. I would request this class be taught at my health care setting. (Likert scale)
14. CLASS 1: The demographic details in the first class seemed relevant to the rest of the course material. (Likert scale)
15. CLASS 1: I think more about my faith in light of the categories creation, fall, redemption, and glory. (Likert scale)
16. CLASS 2: The three perspectives of medical care (medical vitalism, quality of life, sanctity of life) helped me to think biblically about the medical care I choose. (Likert scale)
17. CLASS 2: The physical and spiritual transitions that were discussed prepared me to be a better caregiver for people nearing the end of their life. (Likert scale)
18. CLASS 3: Discussing the top five regrets of the dying helped me to think deeper about how to live my faith today in light of the future. (Likert scale)
19. CLASS 3: When baptism or communion is celebrated, I will have a deeper appreciation of their symbolism of life and death in Christ. (Likert scale)
20. CLASS 4: Being able to discuss suffering was helpful to how I think about my Christian life. (Likert scale)
21. CLASS 4: Emotional development is work that is important for me to do today in light of the end of my life. (Likert scale)
22. CLASS 5: Hearing the difference between curative care, palliative care, and hospice care was helpful as I navigate my future health care options. (Likert scale)
23. CLASS 5: It is important to me to take steps to get my affairs in order. (Likert scale)
24. CLASS 6: Discussing The Ten Commandments and Revelation 21 clearly demonstrated God's desire to build a family of faith. (Likert scale)

25. CLASS 6: The four meaningful phrases (Please forgive me, I forgive you, Thank you, I love you) helped me to think about the power of and need for restored relationships. (Likert scale)
26. CLASS 7: The discussion about the biblical language of “the soul” was helpful and clear. (Likert scale)
27. CLASS 7: I understand the importance of utilizing proper spiritual disciplines to fit my soul. (Likert scale)
28. CLASS 8: The tension between being wonderfully made and being a fallen creature helped me to remember my value and dignity comes from God. (Likert scale)
29. CLASS 8: Talking about the three tools (prayer, love, truth) were helpful to prepare me to serve those who are sick and dying. (Likert scale)

### **Section 2: Short-Answer Questions**

1. How has this class influenced your thinking about death and dying?
2. Did anything make you uncomfortable?
3. What is one step that you will take to prepare for death?
4. How will that one step you described in the previous question help you to live well today?
5. One thing the presenter could have done better was:
6. What did you enjoy most about the entire Sunday school class?
7. If this class was ever offered again, what would you like to see done differently? (topics covered, format, organization, other)
8. What topics covered interested you the most?

## APPENDIX D

### SURVEY RESULTS FROM SUNDAY SCHOOL CLASS

Below are the aggregated results from the survey that was emailed to the Sunday school class participants after the completion of the course. The survey was open and available for a month following the class and was completed in December of 2020. The results of the survey have been put into tables for easy viewing. The result numbers and percentages were compiled through Google Forms and have been retained for clarity. In the short-answer sections, the answers have been recorded as entered by survey participants and have not been edited for small, evident misspellings.

**Table 1. Class Results for Multiple-Choice Questions**

<b>Out of the eight class sessions, how many class sessions did you attend? 18 responses</b>	
<b>Option</b>	<b>Count</b>
Less than four	3 (16.7%)
More than four	6 (33.3%)
I was able to watch all eight videos	9 (50.0%)

<b>I was comfortable with the topics presented in this class. 17 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	1 (5.9%)	0	2 (11.8%)	14 (82.4%)

<b>The content of the class was clear and well presented. 17 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	0	4 (23.5%)	13 (76.5%)

<b>The presenter was clear, pastoral, and knowledgeable about the subject matter. 17 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	0	1 (5.9%)	16 (94.1%)

<b>Do you or does someone close to you have a connection to working in health care? 17 responses</b>	
<b>Option</b>	<b>Count</b>
Yes, I work or have worked in health care	9 (52.9%)
Yes, someone close to me works/worked in health care	4 (23.5%)
I have no ties to working in health care	4 (23.5%)

<b>I have an illness. 17 responses</b>	
<b>Option</b>	<b>Count</b>
True	4 (23.5%)
False	13 (76.5%)

<b>Someone within my family circle is ill. 17 responses</b>	
<b>Option</b>	<b>Count</b>
True	5 (29.4%)
False	12 (70.6%)

<b>I am a caregiver for someone who is ill. 17 responses</b>	
<b>Option</b>	<b>Count</b>
True	4 (23.5%)
False	13 (76.5%)

<b>Before this class began, I had spent time thinking about my own death. 17 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2 (11.8%)	1 (5.9%)	4 (23.5%)	3 (17.6%)	7 (41.2%)

**Before this class began, I had already taken steps to prepare for the end of my life. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (11.8%)	4 (23.5%)	4 (23.5%)	2 (11.8%)	5 (29.4%)

**This class has made it more comfortable for me to think about death. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	5 (29.4%)	8 (47.1%)	4 (23.5%)

**After taking this class, I will take steps to prepare for death. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	2 (11.8%)	2 (11.8%)	9 (52.9%)	4 (23.5%)

**This course helped me to address my fear of dying. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (11.8%)	3 (17.6%)	5 (29.4%)	4 (23.5%)	3 (17.6%)

**My faith in Jesus Christ was strengthened. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (5.9%)	0	3 (17.6%)	5 (29.4%)	8 (47.1%)

**I would request this class be taught at my church. 17 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	4 (23.5%)	4 (23.5%)	9 (52.9%)

<b>CLASS 1: The demographic details in the first class seemed relevant to the rest of the course material. 16 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	3 (18.8%)	5 (31.3%)	8 (50.0%)

<b>CLASS 1: I think more about my faith in light of the categories: Creation, fall, redemption, and glory. 15 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	4 (26.7%)	5 (33.3%)	6 (40.0%)

<b>CLASS 2: The three perspectives of medical care (medical vitalism, quality of life, sanctity of life) helped me to think biblically about the medical care I choose. 16 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	2 (12.5%)	5 (31.3%)	9 (56.3%)

<b>CLASS 2: The physical and spiritual transitions that were discussed prepared me to be a better caregiver for people nearing the end of their life. 16 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	0	9 (56.3%)	7 (43.8%)

<b>CLASS 3: Discussing the top five regrets of the dying helped me to think deeper about how to live my faith today in light of the future. 15 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	1 (6.7%)	2 (13.3%)	5 (33.3%)	7 (46.7%)

<b>CLASS 3: When baptism or communion is celebrated, I will have a deeper appreciation of their symbolism of life and death in Christ. 14 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	2 (14.3%)	8 (57.1%)	4 (28.6%)



**CLASS 4: Being able to discuss suffering was helpful to how I think about my Christian life.**

**15 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	0	7 (46.7%)	8 (53.3%)

**CLASS 4: Emotional development is work that is important for me to do today in light of the end of my life. 15 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	1 (6.7%)	6 (40%)	8 (53.3%)

**CLASS 5: Hearing the difference between curative care, palliative care, and hospice care was helpful as I navigate my future health care options. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	3 (21.4%)	3 (21.4%)	8 (57.1%)

**CLASS 5: It is important to me to take steps to get my affairs in order. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	0	4 (28.6%)	10 (71.4%)

**CLASS 6: Discussing the Ten Commandments and Revelation 21 clearly demonstrated God's desire to build a family of faith. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	1 (7.1%)	4 (28.6%)	9 (64.3%)

**CLASS 6: The four meaningful phrases (Please forgive me, I forgive you, Thank you, I love you) helped me to think about the power of and need for restored relationships. 13 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	0	1 (7.7%)	12 (92.3%)

**CLASS 7: The discussion about the biblical language of “the soul” was helpful and clear. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	1 (7.1%)	6 (42.9%)	7 (50.0%)

**CLASS 7: I understand the importance of utilizing proper spiritual disciplines to fit my soul. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	2 (14.3%)	4 (28.6%)	8 (57.1%)

**CLASS 8: The tension between being wonderfully made and being a fallen creature helped me to remember my value and dignity comes from God. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	0	6 (42.9%)	8 (57.1%)

**CLASS 8: Talking about the three tools (prayer, love, truth) were helpful to prepare me to serve those who are sick and dying. 14 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	1 (7.1%)	3 (21.4%)	10 (71.4%)

**Class Results for Short-Answer Questions**

Question 1: How has this class influenced your thinking about death and dying? 15 responses

1. Confirmed my beliefs. Put words on several ideas.
2. I need to take more specific steps regarding final decisions in order to relieve my children from having you make them and to prevent any disagreement between them as to what should be done
3. It brought it our attention again with ideas that were helpful.
4. The class both confirmed and enhanced my many thoughts about death and dying.

5. Created a focus and a perspective
6. I need to be more active of my relationship to my family and friends. Also to prepare the financial aspect of it.
7. Encouraged to get my affairs in order
8. I need to be prepared as early as I can.
9. to think more holistically about death and dying
10. Confirmed I've planned as well as I can with my Living Will and making my wishes known to my wife. I feel I'm ready whenever Jesus comes to take me home.
11. I appreciated the perspectives of other class members.
12. It helped me consider what people experience as they come near death.
13. Reinforced that it is something not to be ignored.
14. AS i plan to retire I know my days are numbered and I want my final years to be fruitful and living for God not selfish reasons because I am retired and can,
15. This

Question 2: Did anything make you uncomfortable? 11 responses

1. No
2. no
3. Not really
4. There was nothing about this class that made me uncomfortable. I appreciated the direct approach to a topic that is difficult for many to process/discuss. Also, I find that it is easier to discuss difficult topic matters in a group setting.
5. repairing broken relationships

6. Not at all because of our past experiences and our age.
7. No, I do not feel uncomfortable personally, when it comes to death and dying.
8. It's a little bit emotional, it reminds me of painful past.
9. Not really
10. In the first session, I found that I was one of the few people who was neither a health care worker nor caring for a very ill person. It felt less relevant to me, so I decided to stop attending.
11. I would have liked a more thorough examination of cremation as being appropriate for a believer.

Question 3: What is one step that you will take to prepare for death? 15 responses

1. Put a will in place from the recommended app until I get a professional will done.
2. Review will and write down list of how to pay bills and on line logins and passwords and who to contact at the time of my death. Perhaps prepay for funeral arrangements
3. Prayer.
4. I want to pray more often and more consistently, and I want to respect "time."
5. Continue to practice and reinforce my faith through prayer.
6. Continue to be faithful to God our Lord and Savior Jesus Christ.
7. Keep my eyes on Jesus
8. Be (mutually) submissive to family and to body of Christ
9. prepare my last effects
10. I try to live in the moment and be prepared each day. Of course, never having faced death yet, I am trusting that God's grace will be sufficient for me when that time

comes. I don't look forward to suffering and pain, if that comes. However, knowing I will spend eternity with Jesus gives me a peace and a hope.

11. Writing a will

12. Discussion with family

13. Already have

14. planning and sharing

15. One step I will take to prepare for death, is to continue to live by faith. I also, think forgiveness is extremely important aspect of the "healing" process and restoring of "broken relationships" that could take place during the dying process and would be of benefit to all—something that I will continue to look at and work on. I also, would consider making a living will.

Question 4: How will that one step you described in the previous question help you to live well today? 15 responses

1. Ensure my family has a plan

2. I have seen families torn apart because they have their own opinions on what needs to be done. I want my children to be drawn together in their grief.

3. Trust and obey!!!!

4. I want to put Christ first in all that I say and do. I need to submit myself to my Father and not rely on myself.

5. Same as above

6. Be happy that I have a Savior that will welcome me when I die. More quantity time for my family & friends.

7. Living for him makes dying a lot less daunting
8. Give up control and to be free
9. realizing that I will die and I shouldn't wait
10. Resting in God's grace.
11. I don't think it has much impact. Maybe less anxiety about my kids if I were to die suddenly.
12. It will be a load off my mind
13. I will read the book about purpose.
14. That everyone will abide by what is biblical and I had decided
15. Continuing to live by faith in Jesus Christ, will only strengthen me, so that if met with any adversities, illness, or possibilities of death in the future—I will live with less worry, anxiety, or fear.

Question 5: One thing the presenter could have done better was: 13 responses

1. Break down material into more manageable portions. Great content. Sometimes too much to grasp it all.
2. Engage more of the class .some people came to all 8 sessions and never said a word. Granted this is a harder thing to do in zoom class than in person.
3. Nothing comes to mind
4. Nothing! Dan presented everything well and his knowledge of the subject matter was evident throughout the class. His voice is gentle and kind, and he listened intently to others—not easy for many, but Dan “heard” the thoughts and feelings of others and showed kindness and empathy to all.

5. The videos could have been enhanced by video narrative and graphics.
6. I think he did very good but he has ability to be excellent.
7. He did a good job. The A/V could have been smoother but that's hardly his fault.
8. improve sound on the videos
9. In his prepared session, he could have gone a bit slower in the presentation. There was a lot to take in, especially if you were taking notes. It was beneficial to have video to refer to subsequent to class.
10. The video taped portion was a bit slow moving and not easy to follow.
11. It felt like too much material for each class. Dan is great and knowledgeable, but for the purpose of discussion I had so many thoughts to share that I left a lot unsaid. I expect others did as well.
12. More examples and either explanation of or substitution for the really academic language. I think that will help reach a wider audience. Sometimes I felt it was a bit over my head because my master's degree is not in theology or philosophy.
13. I actually think the way the class was done, was wonderful. Having the back and forth dialogue between the presenter and students was great to witness and listen to. The presenter was clear, patient, and understanding--yet very knowledgeable, and humble.

Question 6: What did you enjoy most about the entire Sunday school class? 16 responses

1. Deep talks; got closer to everyone; nothing shallow about it.
2. Many of the book recommendations for a deeper look at certain topics
3. The thoroughness of the presenter

4. I always enjoy group discussion because it allows me to hear and process the varying perspectives and opinions.
5. Good group and well prepared presenter.
6. The lesson, the presenter and all the class.
7. Hearing others perspectives but Dan did a good job of keeping the chatter on topic.
8. Watching video presentation and thinking about it during the week
9. the collaboration
10. Interaction and discussion of others insights.
11. Discussion
12. The instructor was great. He was very patient and wise throughout the class.
13. The interaction among the participants
14. I liked hearing the feedback from others.
15. Dan's presentation style is like a friend talking to a friend, at times you lack authority and confidence as I would expect from a teacher. The knowledge base is there and he is very smart.
16. What i enjoyed most—was the conversations/dialogue surrounding the topics presented—that took place on zoom, and witnessed by all whom had joined. It was extremely helpful and insightful to hear from all walks of life, their stories, and thoughts surrounding the topics presented.

Question 7: If this class was ever offered again, what would you like to see done differently?

Topics covered, format, organization? 13 responses



1. Sometimes ideas were broad and scaled a lot of info—break it into action steps (homework perhaps) to apply the ideas practically
2. Nothing I thought content was very well rounded.
3. This has nothing to do with the above but the participants not being “muted” when not speaking was a distraction.
4. I would like to suggest more discussion about the fears associated with illness and dying, from the friend/family/caregiver perspective, ie: friends and family oftentimes pull away from the person who is sick or dying. I would like to explore this more. I also feel that many of those that are dying are fearful as well: fearful of what will happen to their loved ones in their absence; fearful of what will happen to them when they die (where am I going?); fear of regrets; the realization that life is but the blink of an eye, and what was its purpose... I would also like to learn more about the path or journey to Jesus once Christians die.
5. As above, video enhancements.
6. Maybe I am not the right person to ask here. I was content in the class.
7. Maybe more about the afterlife
8. N/A
9. I could have done without the video on showing the gravesites. I didn't get much out of that.
10. Focus each class on the most important information from each topic. Maybe give out more information in written form than he covers?
11. See above
12. to dig deeper with more compelling questions

13. I think the way it was done, was great. The format was clear and concise. I did not feel confused or lost with the topics presented. The topics covered were interesting and and informative.

Question 8: What topics covered interested you the most? 15 responses

1. Types of care in end of life; gospel connection to death/life; family genogram impact on living; importance of listening/empathy
2. classes 6 and 8 The company we keep and the Care for the dying
3. Caring for the dying details. There were good reminders of the need for the dignity of life and death.
4. All of the topics that were presented were very interesting to me—thank you!
5. The sharing by the class members in discussions stimulated by the presenter.
6. Saying I love you, I forgive you. About the Soul topic.
7. The burial options
8. class 1, demographics of dying in America
9. body, soul, spirit
10. Caring for the Dying
11. Caring for the sick.
12. End of life stages
13. The regrets and the purpose discussions
14. All of them as they all intertwined and built on the next class.
15. I learned a tremendous amount about the topics presented. Some topics that interested me the most were: the biblical language of the soul, baptism/communion and how its

symbolism in life and death in Christ, the topic of “suffering” and what that looks like for Christians, spiritual aspects of death and dying, faith in light of: creation, fall, redemption, and glory.

## APPENDIX E

### SURVEY RESULTS FROM FEEDBACK GROUP

Below are the aggregated results from the survey that was emailed to the feedback group participants. To make the feedback group as specific as possible, I directly invited participation from specific groups of peers from health care and those in ministry. Once they watched as many videos as they were able, they were instructed to visit the survey. The results of the survey have been put into tables for easy viewing. The result numbers and percentages were compiled through Google Forms and have been retained for clarity. In the short-answer sections, the answers have been recorded exactly as by survey participants and have been edited for small, evident misspellings.

**Table 2. Multiple-Choice Questions**

<b>Out of the eight class sessions, how many class sessions did you watch? 62 responses</b>	
<b>Option</b>	<b>Count</b>
Less than four	1 (1.6%)
More than four	8 (12.9%)
I was able to watch all eight videos	53 (85.5%)

<b>I was comfortable with the topics presented in this class. 61 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	0	3 (4.9%)	8 (13.1%)	50 (82.0%)

<b>The content of the class was clear and well presented. 61 responses</b>				
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0	1 (1.6%)	1 (1.6%)	14 (23.0%)	45 (73.8%)

**The presenter was clear, pastoral, and knowledgeable about the subject matter. 61 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	0	5 (8.2%)	56 (91.8%)

**Which option best describes you: (Select all that apply) 60 responses**

Option	Count
I work or have worked in health care	28 (46.7%)
I work or have worked in ministry	29 (48.3%)
I am a pastoral friend of the presenter	28 (46.7%)

**Before this class began, I had spent time thinking about my own death. 61 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	3 (4.9%)	10 (16.4%)	14 (23.0%)	34 (55.7%)

**Before this class began, I had already taken steps to prepare for the end of my life. 61 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
6 (9.8%)	9 (14.8%)	11 (18.0%)	19 (31.1%)	16 (26.2%)

**This class has made it more comfortable for me to think about death. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	0	13 (21.7%)	21 (35.0%)	25 (41.7%)

**After taking this class, I will take steps to prepare for death. 61 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.6%)	3 (4.9%)	11 (18.0%)	24 (39.3%)	22 (36.1%)

<b>This course helped me to address my fear of dying. 61 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
5 (8.2%)	3 (4.9%)	22 (36.1%)	12 (19.7%)	19 (31.1%)

<b>My faith in Jesus Christ was strengthened. 61 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.6%)	2 (3.3%)	13 (21.3%)	25 (41.0%)	20 (32.8%)

<b>I would request this class be taught at my church. 57 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (3.5%)	3 (5.3%)	9 (15.8%)	15 (26.3%)	28 (49.1%)

<b>I would request this class be taught at my health care setting. 56 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (3.6%)	4 (7.1%)	15 (26.8%)	14 (25.0%)	21 (37.5%)

<b>CLASS 1: The demographic details in the first class seemed relevant to the rest of the course material. 61 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	4 (6.6%)	22 (36.1%)	35 (57.4%)

<b>CLASS 1: I think more about my faith in light of the categories: Creation, fall, redemption, and glory. 60 responses</b>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	0	17 (28.3%)	21 (35.0%)	21 (35.0%)

**CLASS 2: The three perspectives of medical care (medical vitalism, quality of life, sanctity of life) helped me to think Biblically about the medical care I choose. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	0	4 (6.7%)	31 (51.7%)	24 (40.0%)

**CLASS 2: The physical and spiritual transitions that were discussed prepared me to be a better caregiver for people nearing the end of their life. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	2 (3.3%)	26 (43.3%)	32 (53.3%)

**CLASS 3: Discussing the top five regrets of the dying helped me to think deeper about how to live my faith today in light of the future. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	2 (3.3%)	19 (31.7%)	39 (65.0%)

**CLASS 3: When baptism or communion is celebrated, I will have a deeper appreciation of their symbolism of life and death in Christ. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	1 (1.7%)	12 (20.0%)	24 (40.0%)	22 (36.7%)

**CLASS 4: Being able to discuss suffering was helpful to how I think about Christianity. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (3.3%)	1 (1.7%)	10 (16.7%)	21 (35.0%)	26 (43.3%)

**CLASS 4: Emotional development is work that is important for me to do today in light of the end of my life. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	0	3 (5.0%)	19 (31.7%)	38 (63.3%)

**CLASS 5: Hearing the difference between curative care, palliative care, and hospice care was helpful as I navigate my future health care options. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	1 (1.7%)	2 (3.3%)	20 (33.3%)	36 (60.0%)

**CLASS 5: It is important to me to take steps to get my affairs in order. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	1 (1.7%)	2 (3.4%)	17 (28.8%)	39 (66.1%)

**CLASS 6: Discussing the Ten Commandments and Revelation 21 clearly demonstrated God's desire to build a family of faith portrayed in the Bible. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	1 (1.7%)	16 (27.1%)	17 (28.8%)	24 (40.7%)

**CLASS 6: The four meaningful phrases (Please forgive me, I forgive you, Thank you, I love you) helped me to think about the power of and need for restored relationships. 60 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	0	0	17 (28.3%)	42 (70.0%)

**CLASS 7: The discussion about the biblical language of "the soul" was helpful and clear. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	1 (1.7%)	3 (5.1%)	34 (57.6%)	20 (33.9%)

**CLASS 7: I understand the importance of utilizing proper spiritual disciplines to fit my soul. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
0	3 (5.1%)	2 (3.4%)	24 (40.7%)	30 (50.8%)



**CLASS 8: The tension between being wonderfully made and being a fallen creature helped me to remember my value and dignity comes from God. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
2 (3.4%)	0	4 (6.8%)	21 (35.6%)	32 (54.2%)

**CLASS 8: Talking about the three tools (prayer, love, truth) were helpful to prepare me to serve those who are sick and dying. 59 responses**

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5
1 (1.7%)	1 (1.7%)	1 (7.1%)	19 (32.2%)	37 (62.7%)

**Short-Answer Questions**

Question 1: How has this class influenced your thinking about death and dying? 54 responses

1. I'm comfortable with death and dying, but I think especially discussing regrets and relationships gave me things to think about.
2. It affirmed the transitional nature of death that does not need to be feared
3. It made me more aware of how to focus on the important things that are meaningful during this lifetime. Things that people often have regrets about during the dying process. How to redirect your mind in this crazy busy society. It was an eye opener for me.
4. It has provided inspiration and importance to do so.
5. As a former hospice nurse I am very comfortable talking about and caring for the sick and dying, and their families. The class has helped me see more of the spiritual aspect of the process vs the physical aspect, which has always been my main focus in the care I have provided.
6. I learned a lot about the Christian view of death and how many of my patients may frame death.

7. Many of the books referenced were new to me; the bibliography was good
8. As a healthcare professional, the course helped me think about what conversations I could have with Christian patients.
9. I am comfortable with thoughts of my own mortality and yet this class pushed me to see death in a broader and deeper way. It was helpful to think through the various aspects that make up people and how each has a unique aspect in regards to death and dying. I especially appreciated the depth and the great variety included in this class's topics. I have always enjoyed older people and this class reaffirms my value of those nearing the end of their lives.
10. Positive influence
11. Positive influence
12. Actually it has helped me to think more of how to live my present life.
13. Class taught me different terms I have heard but not understood when it comes to death and dying. It has encouraged me to look at the Examen and other books on the topic of death.
14. The class has brought various been key in bringing clarity to both the Christian and medical model perspective regarding the topic.
15. I have worked in hospice. Wish I had used the Four Regrets in my work.
16. These classes helped me to reflect on my own beliefs, take into account a more biblical perspective, and consider both faith-based and family-based perspectives toward death and dying.
17. I agree with the presenter in that we do not talk enough about death and dying in the healthcare setting. Too many patients die alone in hospitals because people do not

prepare for their death. In a way it is such a simple concept yet so complex. In western medicine, we focus so much on prolonging life that we forget about how important it is to have a good death. The presenter said it very well when he said “we don’t know when to pull back” when it comes to keeping the body going at all cost. People need to hear this message so they can prepare and decide how they want their end of life experience to be.

18. It provided categories of thought/preparation, resources to follow-up with.
19. It has broaden my understanding and given me some handles.
20. It helped me think more about caring for those who are dying or have questions about death and dying.
21. This class encouraged me to consider death and dying in a more positive light. As Paul wrote in 1 Philippians, 1:21, “For to me, to live Is Christ to die is gain.” I believe this class made the topics of death and dying more comfortable to talk about.
22. It has reminded me how many facets of death go unaddressed in the church and encouraged me to do more to prepare myself and others. It has also helped show me the many opportunities for teaching and pastoral care this stage of life presents.
23. Working in hospice, I am always thinking about these things. And I find it comforting that it is being talked about openly instead of leaving it unsaid and making it taboo
24. What most stands out to me from the course material, and the Christian view of death and dying, is the balance that our faith brings to our attitudes and feelings about death. Our faith in Christ gives us confidence, and hope, that transcend the fear of death. We are able to view death no longer as a threat but a part of a journey that is

- under the care of a good God. I thought this theme was strong throughout the presentations.
25. I think most importantly in learning to live in light of our coming death. To think about the common regrets that many have near the end of life seems eminently useful in ordering our steps today. While it is not particularly difficult for me to think about my own mortality are coming death it is uncomfortable for my loved ones to hear me talk about it and we have to overcome this, not just in my family but in our culture, in order to live well and to love each other well.
26. Knowing death is inevitable.
27. It deepened the framework from which I operate as I engage with the topic and engage with those faced with death's reality.
28. As i think back on the material that you covered, I really enjoyed how you brought the whole person together in the act of living and dying. To often we don't take the time look at the whole person and this material made me do this
29. Helps me to avoid avoiding the topic, especially as Christ explicitly mentioned and prepared for dying several times; "Being like Jesus means preparing for death"
30. At the age of 70, I am aware of my mortality, but presently am focusing on maintaining my quality of life through healthy lifestyle choices.
31. Helped me think through practical medical options in light of faith and biblical truth.
32. The information here is beautiful biblical and spiritually solid. For me, I don't think it changed much of how I think. I have to be careful when saying this, however, because as the pastor who oversees pastoral care at a goodly sized church, I deal daily with death.

33. This class help to strengthen some of my understanding about death and dying. There was some really solid content presented.
34. It was a helpful reminder regarding something that is often pushed out of my thoughts, sometimes both intentionally and sometimes unintentionally due to the busyness of life. It influenced me to reminder to live my life in light of death, how that should affect my everyday decisions, that Jesus came as an answer to death and give me hope.
35. Having endured a family loss in the last few years, it was a reminder of fragility of life, but also the celebration it as a gift of God. Life also continues in a earthly sense when I die and it's loving to prepare my loved ones for my earthly absence.
36. It brought it to the forefront of my thoughts
37. It help me think more about how I want to live my life and how to always treat the people around me with love. And to be empathetic
38. This class reaffirmed that death and dying can be looked at from different bases but the goal providing guidance and comfort through the process is the same.
39. It was a wonderful reminder and reinforcement of what I already knew about death and dying.
40. I am familiar with the dying process, but not as it relates to scripture or theology. This class helped teach me that
41. For me, it was a natural building and going deeper on a topic that I have already explored a bit. I learned a lot and will seek to keep engaging in this type of material.
42. As a pastor, it helped give me a few more tools I can use with people to help them live in the light of their mortality

43. I have a much greater awareness of the different types of care (both healthcare and spiritual care) options that exist near the end of life on earth, which is very helpful in processing these issues on both a personal and pastoral level.
44. This presentation helped me frame the topic in spiritual and religious way. Thinking about death and dying isn't just about medical decision making but putting these decisions in context of ones' spiritual life.
45. There were many thought provoking sections . . . 5 regrets, how to care for others who are dying, the importance of making preparations to name a few.
46. It brought back memories of our own parents death.
47. I was particularly helped by Dan's engagement with the actual process of dying.
48. Made me think more about how to best live my life.
49. it is a topic I prefer to avoid but this series challenged me that it is something I should be thinking about and talking even now as a healthy person
50. I appreciate the vocabulary you gave to approaches in the medical arts in the second class. Cremation vs. burial and also organ donation are topics I have discussed with one of my own church elders, but I had not heard the term "medical vitalism" previously, nor had I thought about it being one of three possible approaches to end of life care as you presented. I feel more organized in my own mind as I consider these approaches now.
51. The material in this class applies to living so much that I need a reminder that there is a theme about death. It is mostly about living wisely. In fact, there are so many themes from prior bible studies, healing ministry experiences, and readings I have had in the past, I am recommending this class to many. I believe the resources the teacher

- mentions are so valuable. I would recommend providing a list of the resources recommended in the videos to the attendees.
52. As a hospice nurse I have the thinking that death and dying can be beautiful. This session helps put into perspective that death and dying can be beautiful by how we live.
53. I have worked in hospice as well as being reared in the church—I am comforted by these reassurances being laid out and made available for those who may not be as comfortable thinking or talking about planning for the next life.
54. I have the same faith background as the teacher, but even still the categories of health care with respect to dying was very useful and new info. I also liked thinking about all the ways I could be practicing NOW to eventually die whenever.

Question 2: Did anything make you uncomfortable? 34 responses

1. No
2. The religion things in general, but I am not the target audience.
3. No. I just wish I had more knowledge of the Bible and my spirituality.
4. No, but the fear of the unknown still exists for me. What I will physically feel at the time of my death.
5. No.
6. No, I was not uncomfortable.
7. No, I found everything to be presented in a very comfortable way
8. No. As a Catholic, I am not as knowledgeable of the Bible and the course gave me a deeper understanding of aspects of faith as they relate to specific Biblical readings.

9. Nothing in the content made me uncomfortable as have walked this path with Christian brothers and sisters; as well as provided medical services to patients who were actively dying.
10. No, have worked in hospice.
11. Some of the biblical language makes me uncomfortable, because of my own beliefs and history; this too was worthy of exploration and consideration and an excellent practice for me!
12. The theological emphasis seemed disjointed from the practical.
13. Class One encouraged participants to consider the impact of COVID-19. I believe focusing on COVID-19 detracted from the main purpose of this class. We ought to number our days based on the truths and wisdom found in Scripture, not based on current events.
14. Not uncomfortable, but being that I don't have a deeply rooted spiritually, I think I wasn't as invested in the content
15. Honestly no, the topics presented are very important. These are things that are important to think about at any age.
16. No. In fact I'd say this class made it easy to think about issues that may otherwise be uncomfortable. I would love to see this material used in and in person small group setting in order to encourage discussion and help us to overcome any reticence or discomfort we have when facing these issues.
17. yes—I've been a Christian since I was a child, and I'm afraid to die, mainly because anything after death is a mystery and requires faith. I cannot say that I \*know\* I will go be with God after I die. I can only say that I \*believe\* that I will go be with God



- after I die. I am sometimes bothered by the certainty with which Christians talk about the afterlife.
18. Thinking again just how short life might be, and that our days are numbered. Death can at times seem like something so far away, but then the reality can quickly be brought near.
19. No, this is a very familiar topic to me
20. Nothing made me uncomfortable. I did however have a difficult time paying attention. Being focused on the material was extremely difficult for me because for me the constant reading of the material to the camera and the lack of personal stories/connection was not really there. I had a difficult time trying to make myself engaged to the important information being presented because of those 2 factors.
21. Aside from the general concept of thinking of my own death which is uncomfortable, nothing super specific.
22. Not really, just a hard subject to think about because there is sadness with the subject.
23. Nothing
24. No. Not at all
25. No, not at all. This subject matter is so near and dear to my heart. I love that a light has been shined on a topic that can be of such discomfort to so many.
26. No, none of what was discussed made me feel uncomfortable. I felt Dan had researched well and what he said was true.
27. no
28. I don't think so

29. It was very thought provoking. I realized that healthcare decisions are often not framed in a way that usually includes spiritual and religious concerns.
30. Not really. I have had several family members die, I feel that I am ready to die, so talking about it isn't too uncomfortable. Daniel does a good job of communicating in a peaceful manner.
31. No. I'm too old and crotchety for uncomfortable.
32. nothing specific other than it is an uncomfortable topic for me, makes me uneasy in general
33. My childhood best friend died when she and I were twenty, and I was there in her final moments (cancer). I don't think I have many illusions about death. The hard part for me comes in the form of dialoguing with family (of origin) members who do not share my faith and who do not like to discuss plans for their futures.
34. Not as taught, but perhaps as a nudge to act/think differently especially in some relationships—how I am in relationship now may come back around when I die, and that was good to be reminded of.

Question 3: What is one step that you will take to prepare for death? 54 responses

1. Trying to more openly express feelings with loved ones
2. Update our will
3. Focus on relationships and things that make us happy. Quality time
4. Initiate preparing an advanced directive and financial will.
5. I already have a living will and have let all family and friends know of my wishes for cremation. The actual service itself is only vaguely planned in my mind in terms of

- music and readings. I will be focusing on those aspects and writing my wishes down on paper.
6. I will attempt to strengthen my relationships and friendships so as not to have regrets, and to try and remember to choose happiness.
  7. I have long thought I should leave an order for worship, but now think I'd rather leave it to my children to do what will be most meaningful for them
  8. I will share with my family what kind of observation I would like them to have if/when I pass.
  9. I think one step that would be helpful for me would be to think more about the soul as it was presented in this class. It is easy to have tunnel vision in any one area of being but to look at the soul as a whole is really unique to me and I think I would benefit from spending time thinking through all the great resources that were shared in that segment.
  10. To talk more openly on this subject with my family
  11. Informed and get my affair in order
  12. To try to make daily meditation part of my life.
  13. Contact a professional about a will
  14. Have already initiated many of the steps to ensure financial and medical decision making to assist surviving family members. I am certainly interested in some of the literature referenced throughout the many classes.
  15. Due to covid concerns, I am presently reaching out to all friends to make sure they know that I love them.
  16. delving a bit more deeply into an exploration of my soul

17. I will work on advance care planning
18. At this stage, preparing to prepare.
19. Meet the needs of my spouse and get my affairs in order
20. Think and plan more about the type of care I'm looking for.
21. I will talk with my immediate family members regarding my wishes when it comes to end of life care. For example, I believe there are many benefits of dying in the comfort of my own home versus in a medical facility (financial and personal).  
  
Medical facilities are necessary but there are often other avenues to consider.
22. Do more thinking and praying about what I hope to see when I look back at my life.
23. Work on relationships with my loved ones
24. Personally, I have not fully addressed some of the legal aspects (will, etc.) Regarding the emotional preparation for death, that is something that I have addressed.
25. This seems trite, but I have recently faced much personal difficulty around software logins and passwords and it is one small (or perhaps not so small) step that I can take to prepare and make the coming difficulty for my family a little easier. It will be a challenge to collect and maintain an accessible and convenient list. I know you only asked for one, but this study adds impetus to our recent decision to invest more in family vacations as our kids enter the teen years. In the past my educational and vocational goals have dominated my thinking, spending, and scheduling. I know most people alive on planet earth could only dream of such luxuries, and that there are other ways to appropriately value and invest in relationships, but for us family vacations are one way that is available to us and we intend to make use of them,

- sharing experiences and creating memories that will demonstrate love and strengthen relationships.
26. Simplify
27. I had not heard of the Daily Examen before. I would like to start integrating that into my spiritual life.
28. I plan to have a renewed conversation with my family and make sure I have my affairs clearly setup. I also intend to infuse some of the key ideas into conversations with people facing the end of life.
29. One thing that I have been contemplating is writing a letter to be read at my service to all those who are present, family, friends, church. This has motivated me to work on it and put it in writing.
30. Currently very much focused on getting practical affairs in order (including careful and thorough documentation of our affairs) so that—to the best of my ability—my family will have no administrative burden when I leave this earth.
31. My husband and I need to discuss further regarding our will and possibly prepare by choosing a grave site etc. so the kids will have a plan to follow. We are also “purging”—getting rid of unneeded “stuff so the kids won’t have to deal with it.
32. Talk with my wife about end of life care options.
33. I’m not sure I am personally motivated to do anything new. But I affirm what has been name in these classes. Personally have a will, as well as a DNR. I believe in the questions offered by Ira Byock, and try to keep them in front of me especially as it pertains to my family and dear friends.
34. Live fully surrendered today.

35. I will make a concerted effort to have a better perspective on life and its daily events and view them in light of death. I definitely don't want to have the regrets that were mentioned when I am on my death bed, especially thinking of how I should have spent more time with family & friends.
36. Amend my will, and deeper conversations about what my spouse will need when I die.
37. Discuss in detail my wishes for end of life and the actual service with my spouse
38. I will be taking the time to write my will.
39. I will be mindful of being my best self. I have actually just reduced my hours at work to spend more time on other things that have been sidelined for too long.
40. I feel that I have been taking suggested steps to prepare for death—spiritually as a Christian knowing I am ready to go to Heaven and practically in having a will, advance directive, etc in place.
41. Writing out a living will.
42. Financial planning
43. Find that *Ars Moriendi*
44. Trying to live more intentionally now to avoid the common regrets (emphasis on investment in family relationships)
45. Talk more with my spouse about this eventuality.
46. As Phil 1:20 says, I want to have the courage to live in such a way that in life and in death I will exalt Christ in my body. Practically, I need to make a will.
47. Enjoy each day more with family and friends.
48. Discuss my wishes with my wife.

49. difficult to answer

50. I will put down in writing, before my next birthday, wishes for my end of life care as well as for funeral elements.

51. I will begin to write something to my children and grandchildren. At this time, none of them are Christians. I want to express my faith and love to them. At the time of my death, my ability to influence directly will be over, and I will want to begin influencing them indirectly.

52. I live everyday to the best of my ability to be as helpful as I can to the people around me.

53. I need to identify my healthcare proxy.

54. tell my family where my passwords are and invest in a few relationships that I've let go slack

Question 4: How will that one step you described in the previous question help you to live well today? 52 responses

1. Repair and improve relationships
2. To develop meaningful relationships and to listen and help friends and family in need
3. I believe it will make me feel lighter. The burden of dealing with it (like tax preparation) will be over.
4. Gives me some peace of mind knowing that I will have the send off I prefer and that I have taken that burden off my family
5. More deep friendships is more happiness.
6. To know and be known well by my wife and children

7. Living in the moment and sharing time with loved ones is invaluable.
8. Living is a process of dying so I think anything that helps one to live well will prepare them to eventually die well. A big picture mentality can be really helpful to help guide intentional growth. Specifically I think that focusing on my soul and how it connects with God will help me to live well by relying on God to direct each area of my person, from my mind to my emotions to my physical state and life decisions. To strengthen my connection to God strengthens everything about life and thus about death.
9. To know death is part of life. It is a last season of life to go through before entering into the Eternal life.
10. Reconnect my spiritual life with God and get my affairs in order
11. It will give me a more solid way to enhance my spiritual life.
12. I think it will benefit my family to have the financial and medical concerns resolved before my death.
13. The completion of steps previously mentioned will provide comfort and peace knowing that loved ones do not have to perform tasks during a difficult time of grieving.
14. Peace of mind, no regrets. I will be looking into The Daily Examen as next step for me.
15. self understanding, and hopefully, healing.
16. It will give me peace of mind that if something were to happen to me, there is a plan in place.
17. I will be more prepared to end better.



18. I will be at peace
19. I don't know if it will.
20. This class helped me feel empowered to make decisions and not just go with the status quo.
21. Be more intentional and purposeful in the way I live day to day.
22. Having stable loveable relationships can help keep me grounded
23. I think the practicalities of addressing those matters brings relief to know that those affairs are in order.
24. I think it's about prioritizing relationships, and thinking about others, to avoid common regrets at the end of this life.
25. Simplify
26. Nearly every day, I pray for our family that God would give us good and restful sleep.  
I hope that I will have better and restful sleep.
27. I will be a more effective pastor and shepherd people.
28. It is my hope that the life that I live will be an inspiration to those around me and that the life of Christ in me would be first and foremost.
29. Helps me to focus on the most important things to be done, e.g., if I die tonight my family will be much happier that I documented our financial transactions today than if I spent the day doing household projects that could have been put off.
30. Present choices benefit the future, no doubt.
31. Have a fruitful discussion but also be more settled about future hard decisions.
32. It's a good reminder to keep on keeping on
33. Living fully surrendered today helps to ensure that I do not live for me alone.

34. Just by having a better perspective on life, and perhaps to avoid letting the little things bother me in light of death and what it means for me.
35. Comfort knowing my spouse and family will be okay.
36. I will be relieved that my wishes are known and will be carried out.
37. I will live well knowing that when the day the Lord calls me my family will not have the burden of figuring out what I wanted when I passed.
38. I need to ask myself on a regular basis what is really important today and what can wait.
39. As much as I desire to live for many more years, I do not fear my death. I will continue to make sure that all of my affairs are in order.
40. Thinking more about fostering my relationships, and living with knowledge that my days are numbered
41. I won't have that piece hanging over my head
42. Give me wisdom from previous generations
43. I hope I will be more present and purposeful in how I spend time with my kids.
44. Feeling more comfortable and less frightened by the possibility of death.
45. I will need to be more devoted to Christ, more loving towards others, and not leave my affairs for others to clean up or have to figure out.
46. Thank God for the breath He has given for that day.
47. It will normalize the inevitability of us being separated by death.
48. Putting such wishes into writing makes adds weight to the certainty of my coming death, and it would be a help to my family once I have done it. I like what you said about how in preparing for our coming death, we are like Jesus.

49. Say “forgive me, I am sorry, thank you, and I love you” more often! Also, I will look up and purchase some of the book resources mentioned in the video series.
50. That makes me feel that I always have all of my affairs in order. No regrets
51. Confidence that my family will not need to guess at what my decisions would be.
52. I will know that I’m seeking wholeness/shalom in my relationships which are also eternal if they are another believer!

Question 5: One thing the presenter could have done better was: 54 responses

1. I thought it was well presented
2. It would have been better to ask the questions on each session right after the session when the material was fresh in their minds
3. I enjoyed the presentations and he did a great job
4. Provide more illustrations.
5. Nothing. It was great just the way it was.
6. The idea of three types of medical care leaves out the idea of treatment. Many diseases we have are not curable, however they can be adequately treated, such as high blood pressure. Treating it is neither curative nor palliative. Maybe add that to the curative part of the explanation.
7. The presenter sounds like he’s reading (of course, he is). One of the tricks to giving a good seminar or preaching is to sound like you’re ad-libbing. The very precise, careful presentation is actually a drawback.
8. Share experiences of what past patients/parishoners presented with in death and dying.

9. I think there was great detail and depth in the presentations and I wish I had started taking notes since I tend to process things after they are said and written format can allow for highlighting and greater reflection. Maybe even to suggest to viewers that they may like to take notes could be helpful (I didn't think of it until I was many classes in). Or it may be helpful to have a written outline of some sort or a transcript that can be given to participants so they can quickly reference topics and resources later for prolonged thought.
10. Mention the focus/purpose of this series study and a brief summary (1-2 sentences) captured what the previous lesson was about. This will help to bring participants gather their thought before diving into a new lesson.
11. Different color background. Black is somber.
12. I can see nothing that needs to be improved.
13. Presenter was very thoughtful. Presentation was clearly done and well organized.
14. I thought the first four or five class presentation were extremely effective in style where the presentation and the presenter where interspersed throughout the class. The last two or three where more visual only, and did not utilize a presenter/lecturer style.
15. Some technical problems with change in volume, needing to adjust volume frequently.
16. I have no recommendations.
17. The presenter was engaging and inviting, and spoke with a good pace and great clarity. Overall, I thought the videos were excellent and I would highly recommend them to anyone because we will all go through this process.

18. Frame the human issues, so the theological provides relevant answers to those issues; and, present them gradually, as the issues are addressed.
19. Use better audio equipment in recording.
20. What you were asked to do was very hard to do on camera. It might have been more engaging if you were filmed in front of people rather than alone.
21. Some of the transitions between video clips were rushed. Sometimes the audio quality was unbalanced between video/slide presentations. The training content was terrific, but some of the audio/video could have been edited at a higher quality.
22. Presented less content in each session.
23. Nothing. I love the way Dan speaks, his voice is calming and makes the topic very comfortable.
24. If you were to develop this material to share with other churches I think that would be excellent. I think there are many ways this could be developed and expanded. Future videos could involve interviews with individuals who have had direct experience with some of the material covered. Videos could be created with questions embedded in them where the video could be paused and discussed. This is a great topic, and you covered it well, I could see there being a lot of valuing in developing what you've done and sharing with other churches.
25. I think the material was solid. And since this question asks about the “presenter,” I’ll focus on the presentation. I’d love to see the first couple lessons filmed again with better “eye contact” with the camera/audience. In lesson three it was getting better. I hate being filmed and I know it’s a lot of work, but I think internalizing more of the message and relying less on a prompter improves presentation. With that in mind, I

would also suggest getting to see more of you in the later episodes where I think there was less video and more slideshow.

26. Nothing

27. inserted a few more stories and/or anecdotes to supplement the excellent material and to help hold interest

28. The delivery itself could be bring more variety—pace, tone, etc.

29. It was obvious that you knew the material and that this was an area of great concern to you. If anything, you have a good speaking voice, but you tend to be monotone with no inflection or emotion in what was presented. Question: are there any handouts with some notes in it so that the person who is watching this can focus on what is being said rather than trying to write down notes for future use?

30. Improve production quality (sound levels, audio/video sync, consistent backdrops, richer use of visuals)

31. No present so much information in each session. I wasn't always sure how the flow was matching the topic. Perhaps an accompanying workbook that the class could use for the purpose of discussion after viewing the video might help.

32. Was very good overall. The sound level changed at times between sections of some lessons.

33. The content was excellent. It would be more “universal” if statistics (even in the first session) were expanded beyond CT. Other than that, I would encourage the speaker to utilize questions to engage the audience in their own assumptions so that those topics can be faced honestly rather than emotionally buried.

34. Smile, add personal stories, not just read the material, have some other people/voices in on the sessions
35. I really don't think anything could have been better, it was great. I guess if I had to say something it would be the audio transitions were slightly quick at times but it wasn't a big deal.
36. Nothing. The presenter and presentation were wonderful.
37. I think he was like the dry eye red eye commercial, no offense. The context was great but I think he needed to be more alive, if that makes sense.
38. Nothing came to mind, I enjoyed each section.
39. I only saw the videos and was not part of the discussions afterwards. In a couple of the early videos there were a couple of places where the words spoken did not match the mouth movement and that is a bit distracting. Also sometimes jumping quickly to another topic was confusing—maybe need a smoother topic transition.
40. The sound transitions between the parts where Dan was speaking on camera and showing slides were sometimes abrasive.
41. In the first class, spend a few minutes introducing yourself.
42. Work on volume control between segments
43. Talked with more inflection and energy in his voice. This may be an issue of translating the in person experience to an audio/video medium, but his voice was somewhat flat and monotone.
44. I liked watching these videos as I could stop presentation and reread some passages and have time to reflect on them. Might be more challenging to hear this in live

- presentation as so much content was presented. But overall presenter did an excellent job.
45. The last few videos did not have his visual presence. I liked the back and forth in the first few ones. Seeing a person's face as they talk help to keep my attention better.
46. Too much reading of the slides when they were presented. Explain but do not read verbatim.
47. Focus with savage determination on a logical progression from one topic to the next.
48. Been on screen more. Last few sessions did not see him.
49. More video of the presenter actually speaking. I liked the scripture and typed information and feel it complemented the oral presentation but I feel I heard and absorbed the material better when seeing the presenter speak.
50. You already fixed what I was going to comment on: the early videos had more time that was taken up with a "talking head" and the later videos had a backdrop that made it easier for me to focus on the audio content.
51. Check the audio. The audio fluctuations were distracting. Otherwise all good.
52. I honestly feel this presentation to be really clear and concise.
53. -
54. Very very technically some of the edits seemed fast—my guess is he had to re-do some of the speaking as the world around us changed in real time. Not a big deal.

Question 6: What did you enjoy most about the entire Sunday school class? 52 responses

1. The open discussion about death and dying
2. Everything



3. N/A
4. Listening to the classes in my leisure and reflecting on its content and how it relates to my work and my personal life
5. How death is an important part of life. If we realize that we may also live more fulfilled lives now and have less regret later.
6. See the answer to the last question
7. I thought it was interesting to get a more in depth Christian perspective, especially the idea of decreasing medical interventions is not going against God. I have had multiple conversations during my job with families that would seek futile and painful care for their loved ones to give God a chance to heal them. If I were still working in hospice, I would listen to that section a few more times, so as to give families another way in which to think about choosing care for their loved ones.
8. Seeing how someone who is a hospice professional handles the material
9. The presenter seemed genuine, welcoming and knowledgeable
10. I really enjoyed all of it. I will definitely watch the videos again and I thought it was captivating and thought provoking and something I want to stick. Even though in the moment I didn't think to write down all the things that I was finding meaningful, I most enjoyed being presented with something I don't think of very often, and in a way that was intriguing and kept my attention.
11. For me the classes opened my mind and heart to methods to live more fully in the present time.
12. There was a lot of good information and books for further reading.

13. Key topic for everyone, but certainly a topic that I have personally dealt more with as having recently retired and in caring for elderly population during this pandemic.
14. #3 Regrets. Also each section pushing gently to face own death, each section building on the next. I appreciated the facts/numbers used about how many die at home, Ct is one of worst in country. I think that information was needed to make a point and have each person look at themselves closer.
15. The class is presented with excellent objectivity, providing specific sources of information (specific biblical texts), books and other secondary information, and interpretations of material presented. I most enjoyed and was impressed by the ability of the presenter to take somewhat intangible and ambiguous ideas and weave them into a tapestry which both flows in thought and also provides support for his ideas. An excellent flow of ideas that covers the important aspects of discussion in a thought provoking way.
16. I truly enjoyed just engaging in discussion about death and dying from a biblical perspective. Excellent way of presenting the material. Excellent breadth of material. Very clear to follow. Allowed me to self-reflect.
17. Facing a challenging topic that is rarely, if ever, talked about.
18. The structure or layout of the class as well as the content
19. I enjoyed hearing about different elements of care.
20. I appreciated the utilization of Scripture throughout the entire curriculum. This class was not based on the facilitator's opinions, rather he continued to ground his teaching based on principles founded in Scripture.
21. It included new insights from church tradition that I was unaware of.

22. Hearing Dan's passion
23. The material was excellently organized. Ideas were presented in a clear and cohesive way. There was a good balance of sharing your own ideas and reflecting on the thoughts of others. It seems like you could put together a great resource list based on the different books that were cited.
24. I think you did a good job of bringing the exegesis of passages to bear on a topic that is perennially important. Presenting the issue in light of the gospel framework right in the first session, and carrying that throughout, but again with a strong summary in the final lesson, I thought was a real strength of the study. It's an important issue not getting enough attention, and you're helping us think biblically about it. The need is highlighted by the statistics concerning Connecticut and hospice care.
25. This is a great resource
26. The cadence, delivery, and overall presentation was excellent. I thought the even tone of presenter was immensely appropriate for the subject matter. There is deep gravity to death, and this was reflected by the presenter.
27. The class gave a robust theology and framework to help us integrate this view of death into all of life.
28. The fact that I've never seen a class on these absolutely crucial topics is inspiring, makes me want to teach it to others.
29. You covered a lot of ground in a short amount of time! As a counselor myself who deals with family systems and family drama, I enjoyed that part and felt it could be a great conversation starter.

30. The excellent blend of practical medical knowledge with a sound biblical perspective.

It's not often someone has both.

31. The biblical foundation provided is always good to be reminded of.

32. I enjoyed the first session the most. Probably because I really liked the way the presenter set Psalm 90 as the anchor of the class.

33. That death was placed in the perspective of the Christian worldview and God's plan for redemption, our roles in that plan, and how that should shape our view of death. My tendency sometimes is to think of death in a nihilistic sense when my faith is wavering, and it was a great reminder to adjust my worldview back to where it should be.

34. yes

35. It made me think how I can use my faith to minister to others

36. I love the fact of how simple he made it. He didn't use big words he came with scripture and he continually shared the simple gospel.

37. There was something in each section that really made me think, reflect and feel. My soul was truly touched

38. I did not attend the class, but did enjoy the videos because they were well done, interesting and full of useful content.

39. It's filled with great information and I know it would help many of my patients deal with their cancer diagnosis better. I notice some are very fearful about death to the point that they might waste their remaining time.

40. Maybe I shouldn't say I enjoyed this "the most," but I loved the little throw in lines such as "Expos vs Nats" and "our special guest Charlton Heston."

41. Being introduced to new resources
42. Learning more about the healthcare options
43. Learning more about scriptures and their meaning. Enjoyed the many references to illustrate ideas, etc. will be doing more reading.
44. The topic was well covered and well divided up into bite sized pieces. It was very thorough.
45. Biblical based discussion on the subject of death.
46. The frank, candid, and knowledgeable description of how people die.
47. style of the presenter, clarity of presentation, open discussion of such a difficult topic, and the information presented in spite of being very uncomfortable and “disliking” the topic
48. I feel I have been given a gift, as I don’t expect to meet with a chaplain until my health is far less stable than it is at present. I was introduced to some “new to me” traditions and concepts (genogram, ars moriendi) and also encountered some resources I already recommend to others (the M. McCullough book, for one), practices I have participated in previously (Ignatius Loyola) or merely have a casual knowledge of (Bronnie Ware’s Five Regrets of the Dying) and to have been led through both new and familiar in such a pastoral way was deeply encouraging.
49. The practical nature of the material and the resources.
50. I really love the really well comprehensive explanation of the correlation of real life and what is said in the bible. I love that the presenter gave resources for further readings and understanding.
51. Dan’s soothing voice

52. I loved class 3 and class 6 especially—and I also got a LOT of book recommendations from watching this :)

Question 7: If this class was ever offered again, what would you like to see done differently?

Topics covered, format, organization? 48 responses

1. Nothing
2. No, it is well done
3. Not sure
4. Additions of what might be going on spiritually and physically when a dying person cannot communicate any longer.
5. Nothing, really. It was very organized and clear. Each segment flowed into the next and the amounts of information offered in each segment were not overwhelming, leaving enough time and mindspace to think about and digest it.
6. I'll bet this would be better "in person." I'd also like to see opportunity for Q&A built into the format. I opened this response sheet and answered questions as they came up—it made my feelings about the topics fresh
7. Virtual participation/ability to engage the presenter in real time.
8. I thought breaking such a broad topic into topic segments was great! I also thought that the format was good and it was well organized (the progression from the more broad introduction to the details of introspectively thinking about ourselves and the areas that make us up, to then focusing on "the other" and caring for and loving the dying as a conclusion made this applicable to all people whether we are currently facing death (or walking with those facing death) or not. If offered again it may be

helpful to do a quick recap at the end of each class, or to offer a written summary of the topics covered so that those attending can continue to think through things after the class session. I could even see thought questions, to direct that processing, being of value, whether people chose to answer them on their own or to use it for discussion with others (others in the class as well as others that are not taking the class with them).

9. Slide color to a little bit more brighter color instead of black. Conversation with the dying and the family members.
10. Conversation with advices when talking with dying person and family members.
11. Maybe misc. topics on death such as how to talk about it with children. From content perspective, I'd consider making the videos into a YouTube playlist and having a handout/notes or website with the links to the books and references listed.
12. I think it would have been beneficial to be a part of the conversation component of each class. As having viewed only the on-line portion, I think I would have gained even more insight from experiences of others that have traveled these paths.
13. Discuss existential suffering. So many at end of life are suffering more emotionally and spiritually than physically.
14. I have no suggestions
15. 1- in the earlier videos the white wall background was a bit plain, would probably sit in front of a bookcase or fireplace. Rethink background to create a warm and welcoming visual environment (if the format continues to be online) 2 - the voiceover starting at 9:24 in class 2 was not really needed, but I liked the format of mixing clips of you talking and the slides (excellent slides; loved the starry background) 3- change

- the name of the first class because it was so much more than just demographics 4- add more resources/links; loved the resources you gave in class 5
16. Reference the books, but don't discuss them, except in how they address the challenge being discussed. Carve the time to discuss the issues and solutions, not just present outlines.
17. Already answered
18. Less sessions
19. I would have enjoyed watching the facilitator interact more in person/with less slides. This will be an amazing class for the facilitator to lead with a live audience. This curriculum will allow for great discussion amongst participants.
20. I think the content could potentially be streamlined a bit and really hone in on two or three main objectives (i.e. empowering people to pursue end of life planning, encouraging people to pursue the four things that matter most now instead of waiting).
21. No
22. As I shared, I would work on the formatting. If you were to take this to the next level it would be worthwhile to work with producers who could polish the presentation. I think that what you've shared is excellent in content and organization. A really good balance of practical content and theological overview.
23. Most importantly, the content is already real solid. I think the topics covered and the format, the many resources brought to bear, demonstrate your expertise and experience. I don't know that I can help much to improve that. You've done an excellent job. My observations or suggestions concern the less important but not



- unimportant issues of presentation, and video production. Both are issues I personally struggled greatly with, but I'm fortunate to have others around me who are teaching me how to improve.
24. I would have liked more focused reflection on the mystery of death and how the Scriptures communicate about that mystery—the comparison to sleep, the hope of the new dawn as of awaking in the resurrection, etc.
25. The presentation was content oriented. A change could include exercises or something to apply the material concretely.
26. Handouts to be given to follow along with each of the 8 sessions. I have put together “Putting Your House in Order,” which asks the one who is filling it out a number of questions regarding personal and business information as well as a section for funeral services, etc. Is there a list of questions that you have to use to prompt discussion after? Was there a reason that all material presented was only in black and white? Could colors be used to enhance
27. Classes should be lengthened considerably in order to allow more treatment of the many topics covered; if the time frame cannot be lengthened then reduce the amount of topics per session and vastly increase the number of sessions.
28. There was a lot about the actual presentation that could be improved . . . you might need someone who knows video production to give you some help in this area. You might want to extend your number of sessions so you aren't trying to get so much in within your time limit. Felt a bit like a fire hose at times. But your topics and information overall is great!
29. Format and topics are fine.

30. It would be interesting to see a development of discussion pieces following each video
31. I would refer back to my comments above, and I would like to see something like “Top Things To Avoid At The End of Life” also maybe a session further explaining how to follow up ministering to those that have experienced a loss of a life.
32. I wouldn’t change anything, I thought it was great.
33. In person . . . one day, Lord willing . . . ability for Q&A
34. Nothing.
35. I would like to see a little Q and A with a second person and I would also like to see him read less from his notes.
36. No, as a Sunday school class its perfect. I love that a difficult subject matter like this is being discussed.
37. I cannot think of anything.
38. Some of the slides are very busy. If watching on a phone you can’t see them. Maybe simplify them. More definition of hospice care would be nice to see. Many people balk at the word hospice and miss out on the benefits at end of life, almost as if not wanting to die will hold it off.
39. Can't think of anything’
40. Nothing immediately comes to mind.
41. Can’t think of anything. This was very comprehensive and well done!
42. I would have liked to see the discussion questions that could be used after watching the videos. The title of the first class might be changed to “Overview of Dying” since there were only a few minutes spent on demographics. There could be a whole

- section done on the grieving process. Experiencing Grief by H. Norman Wright is a great little book on the topic. All of the topics, format, and organization were well put together as they were.
43. Would like to hear your personal stories with clients and examples when sharing points.
44. I encourage Dan to focus on his particular area of expertise, a fund of knowledge and understanding that flows from his work as a hospice chaplain. The more particular to that, the more helpful I found the classes. The more generic, the less helpful.
45. Topics, format, organization were all well executed. Less talking head in the beginning videos would count as an improvement, for me. Fifteen minute segments were long enough that I felt compelled to take notes on each.
46. I would love for this class to be in person!
47. -
48. I wonder if you might include some interviews with people who are older or in hospice or their caretakers—to share some of their stories and make all this ‘real’ to a face/life etc.

Question 8: What topics covered interested you the most? 52 responses

1. The spirituality of dying
2. Talking holistically about death—not just spiritually—but also the physical aspects.
3. The five regrets
4. How suffering is associated with love.

5. The discussions showing how we live now can help us to live our best lives and support us and others at the end of our lives. The explanation of the different types of medical care and what they entail. The review of the Ten Commandments—I think everyone should take a refresher on those.
6. I thought it was interesting to see that there is discussion about remembering death in the Bible. In conversation with some Christians that I know, definitely not all, it appears that their faith comes from fear of death. They are obsessed with it. When they start out trying to convert someone, they always bring up conquering death. If they can deny that death will happen, then they can attempt to repress that fear. While they are living in fear they are ignoring their life and the fact that living is amazing and something to enjoy and be happy in. It was nice to see a biblical view on death that was accepting of the fact that we will all die, and did not immediately jump to “but don’t worry, cause we’re not really dying cause death really doesn’t exist.”
7. I learned a lot from the survey of the three directions end of life care can take. I had never heard the term “medical vitalism” before. That was really helpful. Also, the way Dan covered the meaning of the word “nephesh” in episode 7 gave a fresh perspective on “being.”
8. How you spiritually prepare for life after death.
9. I think the way the topic was segmented was most interesting to me. To think about breaking one’s being into specific areas of focus and looking at how death relates and then putting them all back together to also see how death relates to the soul as a whole. I really appreciated the resources and that the material had depth and breadth and also great practicality.

10. Class 3 - The life of the mind Class 5 - The choices we make
11. Lesson 3 and 5
12. The references that were identified.
13. The topic on self reflection interested me the most as I continue my spiritual journey.
14. I specifically appreciated the content in classes 3, 5, 7. The topics covered in these classes were more informative to me as not typically part of the medical (nursing) knowledge.
15. The Daily Examen very useful and easy to use. Advanced planning information most useful concrete teaching in the series.
16. care of the soul and spirit in preparation of death and dying
17. - choices we make - life of the body - life of the soul - carrying for the dying
18. All of it.
19. Death
20. The different aspects of care.
21. In lesson three, the facilitator connected Baptism and Communion to reflecting on the Life, Death and Resurrection of Christ. I appreciate how these two sacraments (or ordinances) relate to "The Life of The Mind." I also greatly enjoyed Lesson #7, "The Life of the Soul." I appreciate the disciplines presented that Christians ought to reflect on, living wisely in the light of death . . .
22. Different forms of health care, end of life planning, caring for the dying
23. Death and dying
24. What I liked most was the bringing together of significant topics that are sometimes kept separate. Talking about death and dying in conjunction with living well,

discipleship, and biblical worldview made for a meaningful and balanced conversation. It gave a stronger context for how our faith informs our thoughts on these matters. Personally I most enjoyed the sessions on the life of the body, mind, heart and soul. Great stuff Dan!

25. Probably the presentation of the different approaches to the practice of medicine curative, palliative, hospice. The way a biblical view of the sanctity of human life fit with the hospice care model was helpful and informative for someone without expertise in these areas. It also helped provide a paradigm for decision making about life beyond just end-of-life issues.

26. The Soul

27. Are Moriendi, Daily Examen, and meditation on Compline—how we prepare for sleep is very much like how we should prepare for death. It's a daily rehearsal.

28. The theology was most interesting to me.

29. Your use of highlighting other peoples materials and incorporating it into your presentation was greatly appreciated and listing. I know that you have both Christians and health care workers looking at this. How well does the healthcare group understand the use of the Christian language that you use and once they find out that it comes from a Christian worldview, are they open to it. I really enjoyed the presentation and the topic you covered is one that the church needs to address with it's congregation. I would be interested in talking to you about presenting it to my church.

30. Life of the Heart, Life of the Soul, The (far reaching) Choices We Make

31. The practical parts. I think all the theology would be a bit much for a lay person. But I could be wrong on that.
32. End of life decision making about kinds of care.
33. I think they all interested me about the same.
34. I think the aspects that involved living our life in view of death and how it should affect the decisions we make is what was most interesting and impactful for me. It was also interesting to learn about the different types of treatment and end-of-life treatments available as I didn't really know much about that previously.
35. Incites into Hospice care.
36. The topics in classes 5 and 8 were especially interesting to me. Thank you
37. I honestly liked all of it but class 3 was my favorite. I loved when he said God is most glorified in us when we are most satisfied in him.
38. Information that can clarify what palliative and hospice care is to those who do not have a clear understanding. The day when no one says, "so when mom goes into hospice care, nothing is done for her" will be fantastic.
39. Because of my love of caring for others, I was most interested in the practical ways of caring, i.e. tools, life review, the 4 things that matter most and the like. Thank you for sharing relevant book titles and authors. Also you included great quotes!
40. I'm not very familiar with the theological part of this class, and I appreciate the expert info.
41. The Top 5 Regrets of the Dying, The 10 Commandments, Fruit of the Spirit (had never heard the idea of "fruit" being singular), Life of the Soul, and some of the specific details of medical care were very informative and new to me.

- 42. Caring for the dying
- 43. Healthcare options
- 44. The concept of dying well as supported by scripture. Emotionally healthy spirituality.
- 45. How to live in light of my death (numbering my days), How to care for someone who is dying. Things I need to do to be prepared for my death. All of these were especially good.
- 46. The process of dying.
- 47. Types of care offered to people at end of life.
- 48. Approaches to medical arts; life of the soul; life of the heart (views on suffering); the book recommendations (always, the book recommendations)!
- 49. Classes 3 and 4 because there were so many themes that applied to choices I make on a daily basis of how to live my life!
- 50. I love all eight topics. Superb job!!! I'm going to listen to this series again.
- 51. The soul
- 52. Biblical paradigms are always great so I loved topics that had those, the ten commandments one for example. But I also loved the very practical stuff i.e. 'make sure your passwords can be found'—all the info on living wills and where to look was great stuff.



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## VITA

In 2001, Daniel D. Warriner began his Christian journey when he was brought into a living hope through the resurrection of Jesus Christ from the dead. In 2007, he married Heather Briggaman: beloved, giver, chef, artist, teacher, and faithful friend. In 2010, they welcomed their wonderful son, Owen: reader, thinker, creator, explorer, musician, and game-player. In 2011, they returned to Connecticut, where they adventure together, hike, beach comb, play baseball, play in the snow, read, hang out in their yard, and make fires in the fire pit.

### **Education**

Gordon-Conwell Theological Seminary, South Hamilton, MA, Doctor of Ministry studies, 2018–2022, with expected graduation May 2022, and Master of Divinity, 2011; Central Connecticut State University, New Britain, CT, Bachelor of Science: Physics, 2003; California State University, San Marcos, Palliative Care Chaplaincy Specialty Certificate, 2014

### **Affiliations**

Wethersfield Evangelical Free Church, CT, member, 2012; Conservative Congregational Christian Conference, ordained minister, 2014; Ecclesiastical endorsement, Clinical Care Hospital Chaplain, 2012; Member of National Hospice and Palliative Care Organization, Hospice Foundation of America, and Association of Professional Chaplains

### **Ministry Experience**

Chaplain, UConn Health John Dempsey Hospital, Farmington, CT, 2020–present;  
Spiritual Care Coordinator, Masonicare Hospice, East Hartford, CT, February 2013–June 2020

### **Clinical Pastoral Education Experience**

First and Second CPE Units, Beverly Hospital, Beverly, MA; Third and Fourth CPE Units, UConn Health John Dempsey Hospital, Farmington, CT

### **Ministry Teaching Experiences at Wethersfield Evangelical Free Church**

Stephen Ministry, 2014–2018; Preaching Cohort, 2018–Present; Small Group Coach, 2020–Present. Sunday Morning Community Study Teacher, Topics include: Culture Shock; Reason for God; Spiritual Gifts; Emotionally Healthy Spirituality; What Jesus Demands from the World.

### **Ethics Committee Consultant**

Beverly Hospital, 2009–2011; Masonicare, 2013–2020; UConn Health, 2020–present

### **Other Professional Experience**

Institutional Review Board, UConn Health, 2019–present; Rocky Hill Little League, assistant coach, five seasons; Christian Service Brigade, WEFC: Mentor boys towards biblical manhood, 2017–2019

### **Articles Written**

Warriner, Daniel D. “Physician-Aided Death Is Not Healthcare.” The CT Mirror, April 5, 2021, [ctmirror.org/category/ct-viewpoints/physician-aided-death-is-not-healthcare/](https://ctmirror.org/category/ct-viewpoints/physician-aided-death-is-not-healthcare/).